Hospital
DOES NOT CIRCULATE

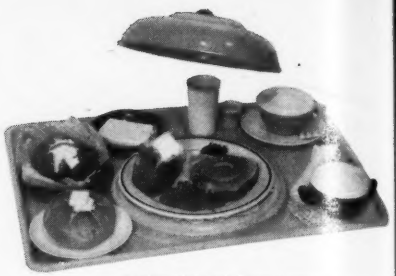
October 1958

HOSPITAL Management

THE JOURNAL FOR ADMINISTRATORS AND DEPARTMENT HEADS

HB 5 210 ● 8JR 7 61
UNIVERSITY OF MICH
GENERAL LIBRARY
ANN ARBOR MICH

Model 21-RS Issuing a
"Redi-Serv" Tray at Serving Point



Either Hot-Pak Tray Servers or Model 11-MG Containers ideally protect hot entrees for each tray. Insulated, stainless bowls with lids protect salads, ice cream and thick soups. Ask for Leaflets SD-30 and SD-22.

Model IS-12 Beverage Servers, capacity 12-oz., hot or cold beverages, protect up to 2 cups of all broths, and special liquid diets. Ask for Leaflet SD-12.

Optionally, removable pull-out "Freez-A-Tray" shelf (size 16½" x 22½") inserted in place of one tray provides icy contact-refrigerated protection for any cold foods found subject to delays at serving points. No electricity required. Safe, simple and practical.

Optionally, sliding side doors of all models may be supplied with Mealpack's "Visi-Tray" shatterproof, transparent Doors . . . showing unserved trays at a glance!

At Last! . . . Simplicity, Controls and Protection

. . . for 100% Centralized Tray Service . . . Plus Flexibility

Mealpack "Redi-Serv" System Tray Carts
Models 21-RS, 24-RS, 27-RS and 30-RS
(CAPACITIES 21 to 30 TRAYS, SIZE 16½" x 22½")

With a Mealpack Redi-Serv System every tray is assembled under completely main kitchen controls . . . No cart jugs required. No work or time lost at serving points . . . No on-floor dietary mistakes, upsets or delays . . . Every "Redi-Serv" Cart leaves your main kitchen with all foods on EACH tray ideally protected to serve "Hot Foods HOT, Cold Foods COLD" . . . If desired, "Visi-Tray" shatterproof Doors reveal any unserved trays without opening!

Hospital and dietary authorities, as well as consultants and architects, have long wanted a completely centralized patient tray service—without sacrificing quality food protection, with safe controls against on-floor serving mistakes and delays . . . Redi-Serv Tray Carts plus several new Mealpack products and tray accessories, now make these objectives practical. Because of Mealpack tray accessories which ideally protect all foods on each tray—whether hot or cold, liquid or solid—these Tray Carts require no electric pre-heating. They may be "hot-shower" washed at lower cost . . . safer . . . reduced weight and maintenance problems. They may be used for two or more trips if desired, thus minimizing initial investment, parking space and cart personnel required. Four sizes, ranging from 21 to 30 trays per cart now adapt Mealpack's "Redi-Serv" Systems to each hospital's bed layouts per floor, wing or nursing unit. Optionally, all four sizes also may be supplied with couplers and special caster mountings for power haul in trains to buildings separated from the main kitchen. Ask for Leaflet SD-31.

REMEMBER:
the BIG things you need cost LESS from

MEALPACK CORPORATION, EVANSTON, ILLINOIS, U. S. A.

IN CANADA: ARNETT CO., LTD., WINNIPEG. LICENSED MANUFACTURERS AND DISTRIBUTORS. © 1958

HOSPITAL Management

A Clissold Publication
105 West Adams Street
Chicago 3, Illinois

EDITORIAL STAFF

Charles U. Letourneau, M.D.....Director
Helen Emerson.....Associate
Denyse Foley.....Assistant
Mary Haley.....Editorial Assistant
Kathleen Stevens.....Editorial Assistant
Mary H. Anderson, R.N...Central Supply
E. M. Bluestone, M.D.....Contributing
Sister Christina, C.S.J., R.T.....X-Ray
Emanuel Hayt, LL.B.....Legal
Roy Hudenburg.....Building Maintenance
Edna K. Huffman, C.R.L.....Medical Records
Prof. T. LeRoy Martin.....Accounting
Orpha Daly Mohr.....Purchasing
Daniel F. Moravec.....Pharmacy
Emma Morgan.....Housekeeping
Daniel M. Roop, P.E.....Engineering
James Sharkey.....Inhalation Therapy
Henry E. Theobald.....Insurance
Dorothy R. York.....Food

WASHINGTON BUREAU
1319 F St., NW, Washington 4
Walter N. Clissold....Executive Vice Pres.
Ingrid Hovick.....Assistant
Wallace R. Fingal.....Assistant

ADVERTISING OFFICES

CHICAGO 3
105 West Adams St. • ANdover 3-1800
Charles Fallon Director Advertising Sales
W. S. Smith....Advertising Sales Manager
R. T. Risley Rex E. Dimick
N. R. Swartwout
Lester K. Slama, Advertising Production

NEW YORK 17
122 East 42nd St. • MUrray Hill 7-8772
Charles A. Barnes William M. McKnight

SAN FRANCISCO 5
The Maurice A. Kimball Co., Inc. •
681 Market Street EXbrook 2-3365

LOS ANGELES 57
The Maurice A. Kimball Co., Inc., •
2550 Beverly Boulevard DUnkirk 8-6178

• • •

Paul E. Clissold Publisher
Harold E. Snyder....Vice Pres.—Editorial
Robert E. Hill.....Circulation Director

HOSPITAL MANAGEMENT is published on the fifteenth of each month at 105 West Adams St., Chicago 3, Illinois, by Hospital Management, Inc. Telephone: ANdover 3-1800

HOSPITAL MANAGEMENT is a member of the Audit Bureau of Circulations and Associated Business Papers, Inc. **Subscription rates: $4.00 a year in the United States, U. S. Territories and Canada. Foreign, including Pan American: $5.00 a year. Current single copies, 50 cents; back copies, $1.00. CHANGE OF ADDRESS should reach us at least two weeks in advance of date of change. Entered as second-class matter May 14, 1917, at postoffice, Chicago, Ill., under the act of March 3, 1879. Additional entry, Mendota, Ill.** Copyright 1958 by Hospital Management.

October 1958 Volume 86 Number 4

SPECIAL FEATURES

Television — A Versatile Tool — Tasker K. Robinette 38
Motion Picture and Television Improve X-Ray Techniques — Charles U. Letourneau, M.D. 51
Doctors Use TV to Watch X-Ray — Frederic N. Silverman, M.D. 54
Convention Pictures 57
The Breakfast of Presidents 82

GENERAL FEATURES

Pre-Admission Obstetrical Tour — Donald J. Jacobs 6
The American Academy of Pediatrics and the Care of the Newborn in Hospitals — E. H. Christopherson, M.D. 27
HM Salutes — Arden Hargrove 30
Practical Automation at the Stamford Hospital — Part I — Frederic M. Hovey 72
The Use of Ultrasonics in Central Service — Leland J. Mamer 84
Work Organization and Simplification — Part I — James F. Gunter 93
Static Electricity and Corrective Measures — Part I — Daniel M. Roop 96
An Intensive Nursing Care Unit — Part I — Lois W. Williams, R.N. 106
The Search For Value — Part III — Robert E. Shillady 114
Relationship of Administrator and Purchasing Agent — James Carr, Jr. 118
Linen Supply — Grover C. Kistler, Major, MSC 129

DEPARTMENTS

Accounting 72
ACHA News and Views 66
Bluestone Column 144
Books 32
Building Maintenance 96
Calendar, Hospital 18
Central Service 84
Classified Advertising 140
Consulting With Doctor Letourneau 22
Food and Dietetics 98
Guest Editorial 27
HM Salutes 30
Hospital Accounting with Prof. Martin 14
Housekeeping 93
How's Business 8
Index to Advertisers 143
Insurance 35
Law 68
Management Aids 122
Medical Records 70
Menus 104
NAHPA Newsletter 117
Nursing 106
Product News 132
Purchasing 114
Shopping Around 129
Small Hospital Clinic 6
Washington Bureau 17
What Associations are Doing 76
Who's Who 64

For the use of the cover plates, appreciation is expressed to the Dage Television Division, Thompson Products, Inc., Michigan City, Indiana; for the cover plates for the TV feature on page 37 appreciation is expressed to Walter Reed Army Medical Center and Radio Corporation of America; for the color plates on pages 38, 39, 40 appreciation is expressed to Smith Kline and French Laboratories.

Small Hospitals' Clinic

Pre-Admission Obstetrical Tour

by Donald J. Jacobs M.S.H.A.

■ EVER SINCE THIS BUSINESS of having babies began, prospective parents have experienced many unnecessary anxieties and frustrations.

"Will my wife be taken immediately to the Delivery Room? . . . Which door do we enter if it's 2:00 a. m.? . . . How much deposit is required if I do not have insurance?"

These are just samples of the type of questions answered at the Watts Hospital pre-delivery open house program for maternity patients.

Obstetricians, as a rule, do an adequate job of preparing the mother for the delivery process but the chain of hospital events, that is to say the step by step procedures that occur to her from the time she enters labor until she leaves to go home with her baby, is left entirely to the imagination. For the excited father, the whole episode is nothing but a trial and error soirée. He is completely lost!

The OB tour originated several years ago at Watts when the administration in co-operation with the hospital's obstetrical staff and the public relations department, conducted an experimental project by which expectant mothers might be introduced to hospital facilities and procedures prior to their actual admission. The idea behind the plan was to relieve by familiarization the natural fears and anxieties accompanying childbirth. This was, in essence, what we hoped to accomplish.

Early Opposition

In the preliminary stages of planning, there were a small number of staff obstetricians opposed to the idea. The objection was that a reverse effect might prevail—seeing an obstetrical table beforehand would only intensify the fear of delivery. They asked not to participate.

Two years have elapsed and the success of the venture has been demonstrated by more than 1,000 mothers-to-be who have attended the program. Furthermore, the entire hospital obstetrical staff now participates in the program and endorses its merit. One of the doctors recently commented, *"At first I went along because my patients wanted to know why they were not invited, now I can see how much better prepared emotionally they are because of this experience."*

The medical staff participates in this way: every two or three months expectant mothers in their third trimester receive an invitation from the administration to attend either an afternoon or an evening program. The doctors participate by submitting to the public relations department a list of their prospective mothers for invitation. A postal reply card accompanies the invitation so the hospital may provide adequately for refreshments, guides and other preparations.

Program

The program consists of three parts: The first is an orientation to the proceedings by the public relations director. An admitting officer discusses admitting procedures in general: where to enter, types of accommodations, insurance and general information regarding finances. She leaves time enough to allow for questions and answers. The presen-

Mr. Jacobs is assistant director, Watts Hospital, Durham, North Carolina.

Editorial Advisory Board

Morris H. Kreeger, M.D.,
Director, Michael Reese Hospital, Chicago 16, Illinois

Franklin D. Murphy, M.D.,
Chancellor, University of Kansas, Kansas City 3, Kansas

Martin F. Heidgen, M.D.,
Administrator, DuPage Memorial Hospital, Elmhurst, Illinois

Sister Mary Antonella, S.C.N.,
Administrator, St. Joseph Infirmary, Louisville, Kentucky

John H. Olsen,
Hospital Consultant, 50 Bayard Street, Staten Island 12, N. Y.

Sister John of the Cross,
St. John's Hospital, Port Townsend, Washington

Paul H. Fesler,
Consultant to the Dean, University of Oklahoma School of Medicine, Oklahoma City, Okla.

Charles A. Lindquist,
Superintendent, Sherman Hospital, Elgin, Illinois

Miriam L. Neff, Ph.D.,
Hospital Administrative Field Representative Department of Health, Education and Welfare, U. S. Public Health Service, Bureau of Medical Services, Division of Hospital and Medical Facilities, Washington 25, D. C.

Alfred E. Maffly,
Administrator, Herrick Memorial Hospital, Berkeley, California

Ray E. Brown,
Superintendent, University of Chicago Clinics, Chicago, Illinois

tation is slanted toward inserting a feeling of *"You'll be our guest, and we will give you the best possible medical care available."*

The financial side of the picture is left to the husbands and wives in the question session. Following this discussion, the obstetrical supervisor gives a play by play account of what will occur to the mother from the moment she is undressed in the preparation room until the day she is discharged, including such information as visiting privileges, rooming in, nursery setup, take home formula, demonstration baths, and feeding techniques.

2 A.M. or 2 P.M.

Student nurses take the guests on a tour of the hospital to show each of the facilities that has been discussed. It is during the tour that the parents are shown at first hand the door to enter whether it be at 2:00 p.m. or 2:00 a.m.

They are taken to the admitting office, to the preparation room, to the labor room, to the delivery room and then to the maternity floor where various types of accommodations are shown. Small groups are more suitable to this type of tour because they may want to ask personal questions pertaining to equipment and facilities. Following the tour, the groups are brought back to the auditorium for refreshments and the showing of the two films: *"The Story of Human Reproduction"* and *"Childbirth."* An obstetrical resident is available to answer medical questions at this time.

Nothing is left to the imagination of the prospective parents. Every question asked, whether it pertains to the medical or hospital procedure, is answered.

The hospital feels that an extremely worthwhile activity has been accomplished by this program. The fact is demonstrated by the enthusiasm and response of all participants. ■

The Business Woman's Affirmative Code

■ To be honest with myself, my employer and my business.

To guard my health—realizing that good health is the first essential to a successful business career.

To develop initiative—having the courage to assume responsibility and the insight and originality to evolve ideas.

To be a team worker—creating an atmosphere of friendliness and cooperation among my fellow workers.

To be enthusiastic—convinced that enthusiasm is the paprika in the sauce of life.

To be generous—not alone of purse but of my praise, my time and myself.

To be friendly—knowing that friendliness gives and finds happiness.

To know the vast value of time both for myself and others.

To be systematic—recognizing that system is the oil in the machinery of a business life, easing the friction and speeding the engine.

To be mindful always of the other person's point of view and circumstances.

To be prepared to see, grasp and claim the opportunities of my business career.

To face the sun and fear not the shadows.

Courtesy Grace Bingham,
—NEHA News ■

The NEW DUAL PURPOSE

3" x 9" STRIP

Shorter length ends waste on small area wounds. New Z-fold insures perfect graft takes. Guaranteed sterile at time of use.

6th SIZE of VASELINE® PETROLATUM GAUZE

3" x 3" PAD

Three-ply, fine-mesh gauze, lightly impregnated — for use in physician's office, industrial medical department, first aid.

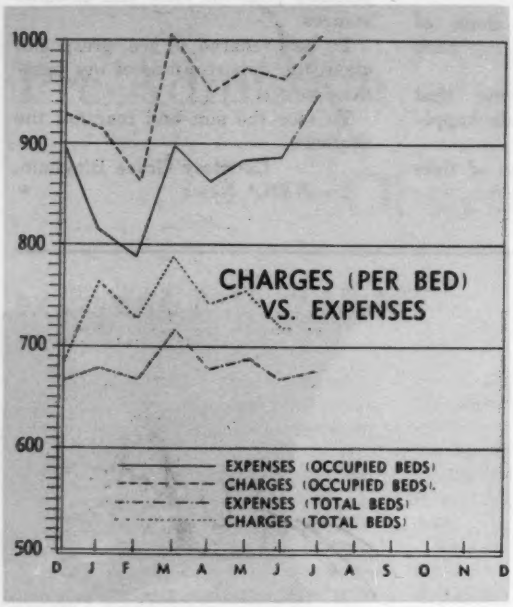
Now supplied in: 1/2" x 72" 3" x 18" 1" x 36" 3" x 36" 3" x 3"/3" x 9" 6" x 36"

Sole Maker:
CHESEBROUGH-POND'S INC.
Professional Products Division
New York 17, N. Y.

VASELINE is a registered trademark of Chesebrough-Pond's Inc.

For more information, use postcard on page 145

How's Business



■ Hospitals do not review their classifications of accounts as frequently as they should. Only 40 per cent of our sample reported that they have changed their classifications of expense accounts during the past two years.

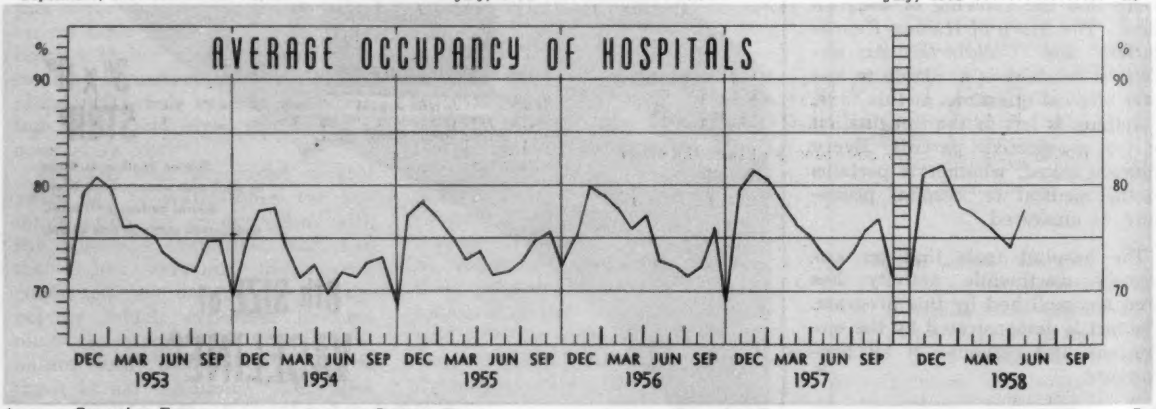
Of those who did change, almost all report that changes were made to add new accounts. Only one third of the 40 per cent seem to have done a thorough job of revision. These reported that they have both deleted and combined certain accounts. ■

Average Monthly Occupancy
(on 100 percent basis)

December, 1956	69.33
January, 1957	79.10
February, 1957	81.39
March, 1957	80.32
April, 1957	78.06
May, 1957	76.31
June, 1957	75.01
July, 1957	73.51
August, 1957	71.74
September, 1957	73.41
October, 1957	75.36
November, 1957	76.62
December, 1957	71.31
January, 1958	80.98
February, 1958	81.97
March, 1958	77.84
April, 1958	77.20
May, 1958	76.10
June, 1958	74.15
July, 1958	70.78

Average Length of Patient Stay
(in days)

September, 1957	6.6
October, 1957	6.8
November, 1957	7.2
December, 1957	6.7
January, 1958	6.9
February, 1958	6.9
March, 1958	6.8
April, 1958	6.6
May, 1958	6.7
June, 1958	6.3
July, 1958	6.5



Average Operating Expenses Per Occupied Bed Per Month

January, 1957	758.42
February, 1957	726.55
March, 1957	769.40
April, 1957	797.89
May, 1957	832.42
June, 1957	811.77
July, 1957	888.34
August, 1957	865.78
September, 1957	871.78
October, 1957	848.22
November, 1957	823.20
December, 1957	893.31
January, 1958	811.72
February, 1958	788.06
March, 1958	896.46
April, 1958	862.87
May, 1958	885.02
June, 1958	888.85
July, 1958	945.39

Average Patient Charges Per Occupied Bed Per Month

January, 1957	848.47
February, 1957	791.38
March, 1957	869.32
April, 1957	890.09
May, 1957	908.42
June, 1957	878.46
July, 1957	946.87
August, 1957	928.94
September, 1957	907.22
October, 1957	926.28
November, 1957	874.64
December, 1957	925.98
January, 1958	918.10
February, 1958	862.21
March, 1958	1003.77
April, 1958	950.00
May, 1958	971.78
June, 1958	960.07
July, 1958	1002.61

Average Operating Expenses Per Bed Per Month (Total Beds)

January, 1957	611.86
February, 1957	603.97
March, 1957	627.86
April, 1957	634.15
May, 1957	644.97
June, 1957	624.25
July, 1957	660.06
August, 1957	646.84
September, 1957	658.71
October, 1957	646.16
November, 1957	641.89
December, 1957	660.84
January, 1958	675.67
February, 1958	665.96
March, 1958	700.18
April, 1958	678.17
May, 1958	686.88
June, 1958	666.07
July, 1958	676.46

Average Patient Charge Per Bed Per Month (Total Beds)

January, 1957	685.17
February, 1957	655.93
March, 1957	707.78
April, 1957	702.84
May, 1957	700.34
June, 1957	679.76
July, 1957	703.33
August, 1957	690.35
September, 1957	682.08
October, 1957	705.02
November, 1957	682.03
December, 1957	680.84
January, 1958	761.39
February, 1958	727.50
March, 1958	784.75
April, 1958	743.49
May, 1958	754.21
June, 1958	719.44
July, 1958	717.40

Take 16 SECONDS to make this convincing test*

Use INCERT®

to add medication to I.V. solutions, and time the operation from start to finish. You'll find it will take just 16 SECONDS to complete the admixture . . . ready for use!

INCERT eliminates ampules, needles, syringes and all the preparation time required with the old way of "needling" solutions. Simply plug the **INCERT** vial into the large hole in the stopper of the I.V. bottle – and the job is done.

INCERT provides a sterile, safe, single-step "closed system" method of adding a variety of medications to solutions. The **INCERT** vial, left in position in the solution bottle, identifies the medication until ready for use.

Here is a real economy in lighter work-load and reduced preparation costs . . . ready for instant use in your hospital.

**Sample INCERT vials available for your convenience.*

NOW AVAILABLE IN INCERT®

VI-CERT C1000 with B_{12} (Lyophilized B Vitamins with Vitamin C and B_{12}).
INCERT T41—Thiamine HCl 25 mg., Riboflavin 10 mg., Niacinamide 100 mg., Sodium Pantothenate 20 mg., Pyridoxine HCl 20 mg., Ascorbic Acid 500 mg.
INCERT T42—Same as above, with 1000 mg. Ascorbic Acid and Cyanocobalamin (B_{12}) 25 mcg.
VI-CERT® (Lyophilized B Vitamins with Vitamin C).
INCERT T16—500 mg. lyophilized succinylcholine chloride.
INCERT T17—1000 mg. lyophilized succinylcholine chloride.

SUCCINYLCHOLINE CHLORIDE

SUX-CERT (Lyophilized succinylcholine chloride for skeletal muscle relaxation).
INCERT T110—500 mg. in 5 cc. sterile solution.
INCERT T140—1000 mg. chloride in 10 cc. sterile solution.

POTASSIUM CHLORIDE SOLUTION

INCERT T2010—20 mEq K+ and Cl– in 10 cc. sterile solution (2 mEq/cc.).
INCERT T2030—30 mEq K+ and Cl– in 12.5 cc. sterile solution (2.2 mEq/cc.).
INCERT T2020—40 mEq K+ and Cl– in 12.5 cc. sterile solution (3.2 mEq/cc.).

POTASSIUM PHOSPHATE SOLUTION

INCERT T31—(1.579 gm. K_2HPO_4 and 1.639 gm. KH_2PO_4 per 10 cc.). Contains 30 mEq K+ and HPO_4= in 10 cc. sterile solution.

CALCIUM LEVULINATE SOLUTION

INCERT T51—10% solution, 1.0 gm. (6.5 mEq of Calcium) in 10 cc. sterile solution.

TRAVENOL LABORATORIES, INC.
Morton Grove, Illinois

pharmaceutical products division of
BAXTER LABORATORIES, INC.

For more information, use postcard on page 145

GENERAL ELECTRIC

ONE-STOP SOURCE . . . For x-ray supplies

FILM • CHEMICALS • ACCESSORIES

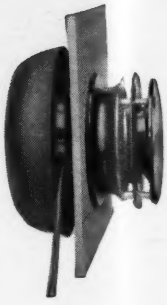
Economical, easy-to-read x-ray measuring caliper

$3.50

For precise radiographic measurements, replace your worn, distorted calipers *now* with these low-cost units. Range, 0 to 40 cm. Made of lightweight, durable aluminum.

Lightproof Vent-Axia Ventilator drives out stale room air

$55.00



Perfect exhaust fan for small darkrooms, fluoroscopic rooms or offices. Mounts in metal, wood, composition or plywood up to ½" thick, requires 6¾" diam. wall opening.

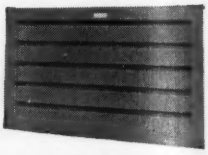
Deluxe x-ray caliper... the finest ever!

$8.00

Strong, polished aluminum construction makes this caliper extra-rigid, accurate, lightweight. Range, 3 to 40 cm. Special features help you get true laterals . . . center sacrum and vertebrae.

Motorless ventilator provides free passage for air circulation

$20.00



Use this lightproof "breather" ventilator in your film-processing and fluoroscopic rooms. Installs in wood or metal of any thickness . . . requires 12" x 24" wall opening.

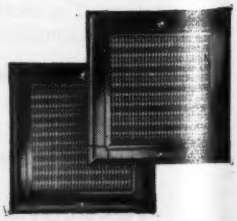
Mechanical interval timer... preset in light— operate in dark!

$10.95

The ideal mechanical timer for x-ray darkrooms. Corrosion-proof case of molded styrene . . . rugged works . . . precise timing of preset intervals from 15 seconds to two hours.

Lightproof speaking grille speeds interroom communication

$11.50



Two-piece, black-metal grille lets you talk between darkrooms and adjoining rooms or halls. Fits 6" square wall opening.

Improve skull technic with Angligner and radiographic manual. Both for $17.00

Specially designed *Angligner* helps you set correct angle for patient's head, film holder and x-ray tube. Complete with valuable 60-page guide to better skull technic.

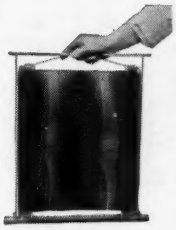
Stainless-steel cart offers clean transportation of wet films

$110.00

Rubber-tired, stainless-steel film cart will keep your floors dry . . . carries up to 12 wet films at a time. Drip pan catches run-off. Size — 18⅝" wide, 33" long, 33½" high.

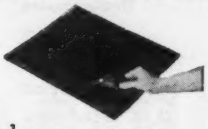
Film-hanger drip trays stave off messy floors

Pair $8.00



Clip these trays onto film hangers to catch drippings during wet-film viewing. Small size fits 8 x 10 and 10 x 12 hangers . . . larger size fits 11 x 14 and 14 x 17 hangers.

Flexible film holders . . . outwear "cardboards" by several times



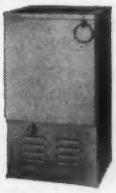
Tape-bound, tough, plasticized-paper exposure holders give you these special advantages: washable . . . pliable . . . won't break at folds or fray at edges. Available with or without lead backs. (See coupon for sizes and prices.)

Safety step stool has countless uses in x-ray department

$8.40

Sure footing is provided by ribbed rubber, no-slip top. Chrome legs with rubber feet . . . non-tipping design . . . top measures 17¼" x 12" . . . height of step, 10⅝".

Now everyone can afford stainless-steel tanks



G-E "5-15-5" processing tanks offer stainless-steel advantages at lowest cost. 5-gal. developer and fixer compartments, 15-gal. wash. Various models. Send coupon for details.

CLIP THIS COUPON . . . Or, to obtain these and hundreds of other quality accessory and supply items, call your nearby General Electric x-ray office. You'll find it listed in the Yellow Pages of your phone book.

SEND TO:
X-RAY DEPT.
GENERAL ELECTRIC CO.
ROOM K-106
MILWAUKEE 1, WIS.

YOUR NAME.....
ADDRESS.....
CITY.....

CHECK ITEMS REQUESTED:

Film: ☐ Ansco ☐ DuPont ☐ Ilford ☐ Kodak ☐ Screen ☐ No-Screen
(Available in boxes of 25, 75, 100)
☐5"x7" ☐6½"x8½" ☐8"x10" ☐10"x12" ☐11"x14" ☐14x17"

SUPERMIX LIQUIDS	DEVELOPER	REFRESHER	STAIN-LESS FIXER*	SPEED FIXER
26 oz. makes 1 gal.	$1.42	$1.42	$1.22	$1.27
12 or more, each	1.28	1.28	1.10	1.14
80 oz. makes 3 gal.	3.84			3.52
4 or more, each	3.46			3.17
1 gal. makes 5 gal.	5.07	5.07	4.25	4.61
4 or more, each	4.56	4.56	3.83	4.15

*Comes in 1 and 5 qt. only, to make 1 and 5 gal. of solution.

.....Caliper (regular) $3.50
.....Caliper (deluxe) $8.00
.....Timer $10.95
.....Vent-Axia $55.00
.....Motorless ventilator ..$20.00
.....Speaking grille $11.50
.....Step stool $8.40
.....Wet-film cart $110.00

.....Drip trays:
.....small, pr. $8.00
.....large, pr. $8.00
.....1 of each $8.00

.....Angligner and technic manual $17.00

.....Send me literature on "5-15-5" tanks.

FLEXIBLE FILM HOLDERS

SIZE	5x7	6½x8½	8x10	7x17	10x12	11x14	14x17
Lead back	$2.00	$2.50	$3.00	$3.50	3.50	$3.85	$4.75
No lead back	1.75	2.05	2.75	3.00	2.95		3.85

Shipping charges, sales and use taxes must be added where applicable. Prices subject to change without notice.

For more information, use postcard on page 145

July 1958 Regional How's Business Report

REGION →	NEW ENGLAND Connecticut, Maine, Mass., N. H., R. I., Vermont			MIDDLE ATLANTIC New Jersey, New York Pennsylvania			SOUTH ATLANTIC Del., Fla., Ga., Md., N. C., S. C., Va., W. Va., D. C.			SOUTH CENTRAL Ala., Ky., Miss., Tenn., Ark., La., Okla., Texas		
NO. OF BEDS	1-100	101-225	226-up	1-100	101-225	226-up	1-100	101-225	226-up	1-100	101-225	226-up
AV. No. OF ADULT PATIENT DAYS	1,086	3,883	8,535	1,274	3,591	9,442	1,582	3,338	10,024	1,810	4,408	6,876
% of OCCUPANCY	60.17	74.62	74.51	63.61	75.40	78.98	67.27	75.16	74.54	69.19	85.13	71.24
EXPENSES BY DEPTS. Per Patient Day												
Administration	4.04	5.01	4.75	4.00	3.07	3.50	2.48	2.96	2.88	3.17	2.40	3.50
Dietary	4.39	4.62	4.73	3.92	3.43	3.42	3.35	3.29	3.59	3.53	2.81	3.18
Housekeeping	1.82	1.83	1.95	1.30	1.34	1.79	1.07	1.13	1.10	1.09	.78	1.47
Laundry	1.07	.71	.77	.85	.66	.58	.64	.58	.62	.75	.41	.43
Plant Operation	1.92	2.43	2.67	2.19	1.69	1.79	1.61	1.52	1.56	1.77	1.16	1.65
Medical & Surgical	.84	1.87	2.58	1.56	1.00	1.61	1.03	1.72	2.16	.98	.87	4.98
O. R. & Del. Rms.	2.54	2.04	2.14	1.46	1.53	1.45	1.33	1.99	1.95	2.59	1.18	3.04
Pharmacy	1.30	1.22	1.30	1.08	1.15	1.21	1.29	1.28	1.28	1.53	2.14	1.88
Nursing	9.13	7.50	7.21	7.75	8.01	6.81	6.17	6.10	5.97	5.25	5.76	3.30
Anesthesia	.90	1.06	1.18	.61	.63	.67	.73	.53	.45	.78	.17	.97
Laboratory	1.88	2.65	2.36	1.46	1.76	1.74	1.29	1.61	1.89	1.71	1.45	2.10
X-ray	1.88	2.01	1.58	1.50	1.38	1.28	1.62	1.83	1.41	1.59	1.25	1.32
Other expenses	1.40	.64	1.42	.65	.79	1.52	.40	.39	1.64	.56	.33	1.25
TOTAL EXPENSES	35,434	133,001	295,978	35,174	94,637	266,514	35,862	82,357	270,467	45,487	90,892	201,772
TOTAL CHARGES TO PATIENTS	35,063	135,513	300,166	36,850	98,164	291,038	37,583	93,943	294,790	46,705	110,745	233,853
OPERATING INCOME PER PATIENT DAY	32.29	34.90	35.17	28.92	27.34	30.82	23.76	28.14	29.41	25.80	25.12	34.01
OPERATING EXPENSES PER PATIENT DAY	32.63	34.25	34.68	27.61	26.35	28.23	22.67	24.67	26.98	25.13	20.62	29.34

REGION →	EAST NORTH CENTRAL Illinois, Indiana, Michigan, Ohio, Wisconsin			WEST NORTH CENTRAL Kans., Iowa, Minn., Neb., N. D., S. D., Mo.			MOUNTAIN STATES Ariz., Colo., Idaho, Mont., Nev., N. M., Utah, Wyo.			PACIFIC COAST California, Oregon, Washington		
NO. OF BEDS	1-100	101-225	226-up	1-100	101-225	226-up	1-100	101-225	226-up	1-100	101-225	226-up
AV. No. OF ADULT PATIENT DAYS	1,275	3,586	8,302	1,096	3,174	8,465	609	2,964	6,655	931	3,358	6,742
% of OCCUPANCY	67.52	70.44	82.05	68.49	69.93	72.67	50.56	64.43	75.06	51.49	74.42	81.91
EXPENSES BY DEPTS. Per Patient Day												
Administration	3.64	3.45	3.91	2.22	2.50	3.46	3.07	3.06	2.89	5.35	5.24	5.08
Dietary	3.63	3.81	4.04	3.22	3.58	3.41	3.24	3.97	3.52	6.26	4.58	3.86
Housekeeping	1.38	1.34	1.56	.81	1.42	1.55	.89	1.49	.96	2.08	2.08	2.25
Laundry	.78	.70	.70	.70	.69	.52	.60	.75	.63	.85	1.08	.96
Plant Operation	1.93	1.94	2.03	1.80	1.73	2.03	1.47	1.68	1.38	2.96	2.18	2.47
Medical & Surgical	1.36	1.48	2.15	1.08	1.25	2.25	1.45	1.47	1.54	2.66	2.69	1.98
O. R. & Del. Rms.	2.13	1.38	1.72	1.31	1.47	2.22	1.88	2.92	2.37	4.51	3.87	3.48
Pharmacy	1.38	1.35	1.36	1.50	1.46	1.52	1.75	2.00	1.87	1.92	1.90	1.92
Nursing	8.32	7.29	7.66	7.16	7.69	6.99	7.15	9.34	7.72	13.36	9.84	10.85
Anesthesia	.41	.50	.38	.31	.44	1.10	.68	1.15	.32	.92	.53	.54
Laboratory	1.39	2.20	2.13	1.42	1.45	2.22	1.52	2.97	2.27	3.58	3.19	3.35
X-ray	1.71	1.73	1.62	1.22	1.40	1.56	1.99	2.33	1.35	2.91	2.37	2.26
Other expenses	.69	1.99	1.20	.62	.67	.61	.27	.49	.87	.21	.64	2.10
TOTAL EXPENSES	34,706	107,710	258,524	25,151	82,139	254,198	15,171	99,543	181,273	42,548	133,933	281,069
TOTAL CHARGES TO PATIENTS	35,533	106,060	274,627	25,328	87,929	273,236	16,622	105,333	194,243	38,303	138,795	297,020
OPERATING INCOME PER PATIENT DAY	27.87	29.58	33.08	23.11	27.70	32.28	27.29	35.54	29.19	41.14	41.33	44.05
OPERATING EXPENSES PER PATIENT DAY	27.22	30.04	31.14	22.95	25.88	30.03	24.91	33.58	27.24	45.70	39.88	41.69

announcing

Hausted's ALL NEW SAFETY SIDE BED RAILS

★ UNIVERSAL

★ RIGID

★ SELF STORING

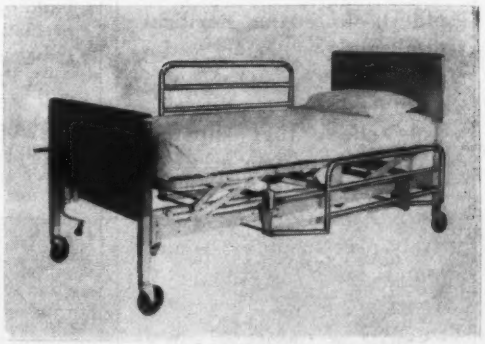
★ EASILY INSTALLED

★ ADEQUATE HEIGHT AND LENGTH

★ EASILY ACCESSIBLE

The new Hausted ¾ length rail is the most efficient answer to the growing demand that bed rails be permanently attached to every bed. MORE RIGID THAN MOST FULL LENGTH BED RAILS, this engineering achievement is unique in the added features it offers you:

1. It will easily adapt to 90% of today's hospital beds.
2. It is so simple and safe to use that the nurse may bring it "up" with one hand, leaving the other hand free for control of the patient.
3. When in storage, it is below level of mattress; yet complete under-the-bed space is maintained.
4. Locks automatically when placed in use; and while being out of patient's reach, lock is easily released to be placed in storage.
5. Can be installed so that it folds into storage toward either head or foot of bed.
6. Under the bed cross extension turn-buckles connect the rails together at both ends allowing a high degree of rigidity to be maintained.
7. Simple installation requires no drilling of holes or alteration of bed structure.



Hausted MANUFACTURING COMPANY

For more information, use postcard on page 145

DIACK

Since 1909

STERILIZATION TODAY but NOT TOMORROW

Learn how to wrap your dressings loosely, how to pack them into the autoclave chamber properly and to watch all the gauges and instruments during the sterilization. It will give you sterile dressing today.

But tomorrow — someone else runs the autoclave. Will she be as careful as you are?

Diack Controls are for people who know that sterilization is only as perfect as the person who runs the autoclave — that Diack Controls check that slip up which is bound to occur if not today — then tomorrow. Diack Controls effectively precent today — and *tomorrow.*

SMITH & UNDERWOOD

Royal Oak, Mich.

(Sole Manufacturers of Diack Controls and Inform Controls)

Hospital Accounting

with Professor T. LeRoy Martin

Depreciation Charges

Inquiry: *There has been discussion recently regarding the importance of depreciation charges in planning for the replacement of equipment or buildings. What does the depreciation charge have to do with the replacement of fixed assets?*

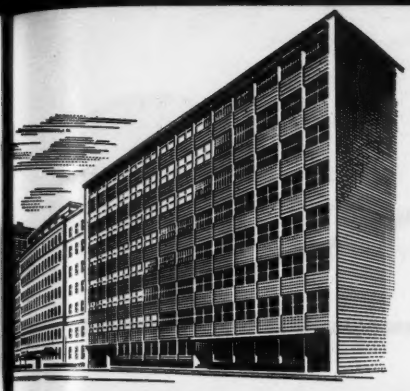
Comment: One way in which a depreciation charge affects the plan for replacement of buildings or equipment is that as long as the hospital includes depreciation expense as a cost of operation and as long as income is equal to or greater than cost of operation, working capital funds are being provided in excess of those expended in the operation of the hospital. The amount of the excess is equal to the amount of the depreciation charge plus the excess of total income over total operating expenses. Note that the above statement refers to cost of operation and operating expenses. There may be costs that are not operating costs. An example is the purchase of new equipment. If new equipment is purchased as rapidly as the hospital has working funds available, there will be no accumulation of funds to replace assets other than those that are currently being replaced by the new purchases.

To illustrate how funds are provided through the charge to depreciation, assume a very simple situation in which the hospital owns equipment which cost $72,000 and a building which cost $300,000. If depreciation on equipment is computed at the annual rate of 10 percent, the depreciation of equipment will total $7,200. If the rate applied to the building is 4 percent, the depreciation on the building will total $12,000. The total charge for depreciation, therefore, will be $19,200 per annum. If it is assumed that the total revenue is $485,000 and the total operating expense cost is $440,000, exclusive of depreciation, the income and expense may be summarized in table 1.

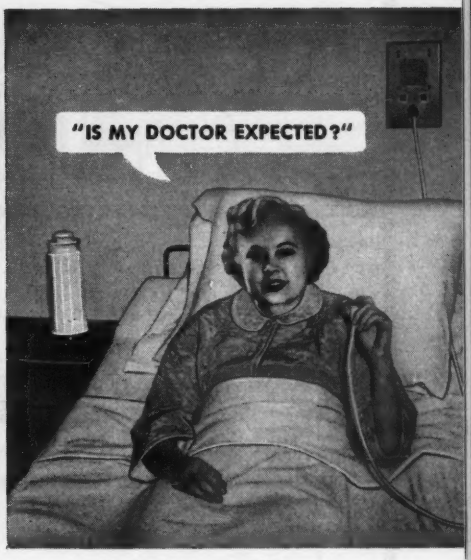
If it is assumed that no disbursements were made for equipment or for purposes other than operating expenses included above, the hospital will have cash or receivables from patients or government agencies amounting to $45,000. Not only the $19,200 turned into working capital to cover depreciation but the excess of income over expenses of $25,800 is available for replacement of buildings or equipment, as the trustees may see fit. If the hospital earmarks funds equal to $19,200 to be used for replacement of building and equipment, there may or may not be sufficient funds to replace assets as they are retired. One of the problems which brings about the discussion of depreciation is that for many years the general price level has ascended to the extent that amounts allowed for depreciation based upon cost of the original asset are not sufficient to replace the asset when it is worn out. The hospital could earmark part of the $25,800 to be used for the replacement of building or equipment and thus try to provide for replacement cost higher than original cost. Many people claim the problem is just as simple as that. Others argue that the importance of providing amounts in excess of current depreciation charges for future replacements is likely not to be understood or perhaps overlooked by hospital administrators and trustees. These individuals would argue that depreciation charges ought to be based on the estimated cost of replacing an asset at the time it is expected to be replaced. This, of course, must be a careful estimate. ■

Table 1. Condensed Statement of Income and Expense For the Year Ended December 31, 1958

Total revenue		$485,000.00
Total out-of-pocket operating expenses	$440,000.00	
Add—depreciation	19,200.00	
Total operating expenses		459,200.00
Excess of income over expenses for year		$ 25,800.00



How Mt. Sinai Hospital gains nursing time, cuts foot trave speeds all services!



AUDIO-VISUAL NURSE CALL SYSTEM. At Mt. Sinai, Executone's two-way voice communication between patient and nurse cuts nurse's foot travel more than 60%...allows nurse more time for actual patient care.

New York's famed Mt. Sinai Hospital has pioneered in the application of electronic voice communication. Starting 14 years ago with its first Executone Intercom System in the Radiology Department, Mt. Sinai quickly extended the use of this modern time-saving equipment.

Today, Executone is an integral part of Mt. Sinai, serving the entire hospital. With 325 beds already served by Executone's Audio-Visual Nurse Call System, Mt. Sinai has applied other Executone intercom and sound systems to its many services and departments. Thousands of needless steps are saved daily at Mt. Sinai with Executone—clear, distinct two-way conversations take place at the touch of a button. The over-all result is more personalized patient care and improved administrative efficiency.

Hospitals throughout the nation have discovered the effectiveness, economy and complete dependability of Executone for *all* services. Executone's Audio-Visual Nurse Call System alone is now serving over 12,000 hospital beds. Find out—*without any obligation*—how Executone can work for you as it does for Mt. Sinai and the entire hospital field. Write to Dept. R-10 for further information: Executone, Inc., 415 Lexington Avenue, New York 17, N. Y. (In Canada—331 Bartlett Avenue, Toronto.)

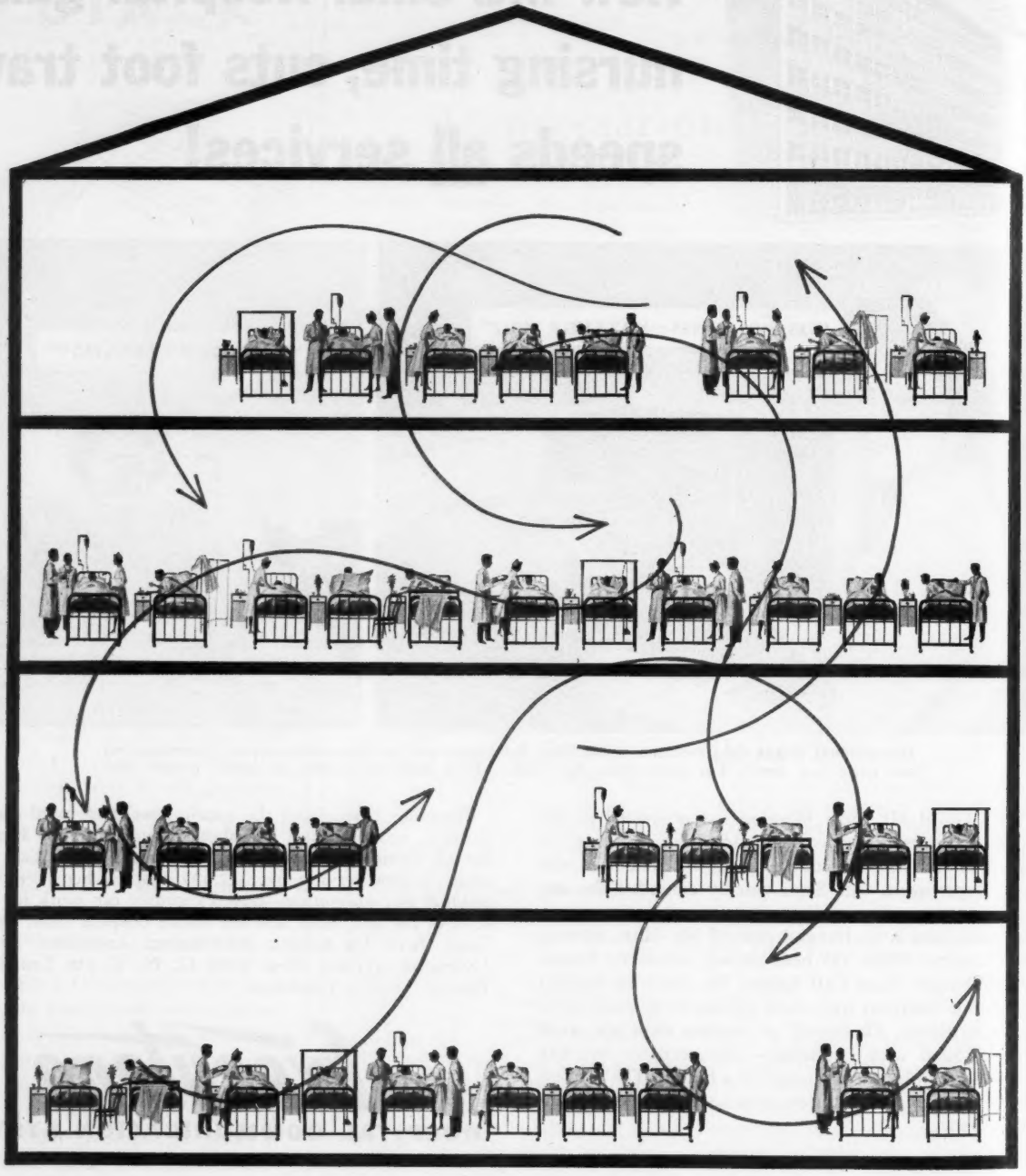
Executone

HOSPITAL COMMUNICATION SYSTEMS

NON-CORRIDOR PAGING. Doctors' paging calls at Mt. Sinai are reproduced at Nurses' Stations—not in Patient Corridors. (Arrow indicates paging unit.)

CENTRAL KITCHEN COORDINATION. An average of 6600 meals are served daily. Executone speeds activities with communication between Steward, Dietician, Food Preparation and Serving areas.

RADIOLOGY TRAFFIC CONTROL. Handl of patients coordinated through Executo between technicians, Reception area, D room, Film Files, and Chief Radiologist.



STOP "HOSPITAL STAPH" WITH ALBAMYCIN*

*TRADEMARK, REG. U. S. PAT. OFF.—
THE UPJOHN BRAND OF CRYSTALLINE NOVOBIOCIN SODIUM
†TRADEMARK, REG. U. S. PAT. OFF.

Antibiotic-resistant strains of Staphylococcus are meeting their match in Albamycin. Because Albamycin shows no cross resistance with any commonly used antibiotic, it is dramatically effective against unyielding staphylococcal pneumonia or superinfections of pneumococcal pneumonia.

Whether resistant staph is known or suspected, *Albamycin is indicated.*

ADMINISTRATION AND DOSAGE: The dosage for adults is 500 mg. Albamycin administered intramuscularly or intravenously every 12 hours. As soon as the patient's condition permits, parenteral Albamycin should be replaced with oral Albamycin therapy.

SUPPLIED: Available as 250 mg. capsules; syrup containing 125 mg. Albamycin per 5 cc.; and in the 500 mg. Mix-O-Vial.†

The Upjohn Company, Kalamazoo, Michigan

Upjohn

Washington Bureau Reports

by Walter N. Clissold

BILLS STRANDED IN THE 85TH CONGRESS may rise again in the 86th convening next January. This is particularly true of these measures which didn't quite make the grade but have a lot of friends ready to plug away in 1959 and 1960: (1) amending the much-amended Social Security Act to provide either hospitalization or medical services, or both, to social security beneficiaries, (2) amendment to the Housing Act to provide for mortgage loan guarantees to proprietary nursing homes, and (3) Keogh legislation which would give the self-employed the same tax break as those now participating in tax-deferred pension plans.

House Ways and Means Committee, while rejecting the labor-backed Forand proposal for free hospitalization and surgical services under SS, left a large crack in the door. It directed Health, Education, and Welfare to come back by February with a report on various possibilities and costs for financing medical care of the aged. That looks like business. Nursing home idea, pushed by American Medical Association but not by American Hospital Association, died when catch-all housing bill failed to get by House. Keogh bill safely negotiated the House but came up against Treasury watchdogs in Senate Finance Committee.

•

MEDICARE TRIMMED. Despite restoration of some $10 million in medicare budget and elimination of language that would have foreclosed any supplemental requests, Defense Department is forced to trim back on civilian medicare. Some restrictions go into effect this month. Two most important: (1) dependents living with their sponsors must use military facilities unless latter aren't available, and (2) maternity patients living with sponsors: New and first trimester patients must use military facilities in absence of any certification that such facilities aren't available; second and third trimester patients, if under civilian care October 1, may continue but if a change of doctor is made the patient then must use military facilities in absence of certification of unavailability.

•

WHITE HOUSE AGING CONFERENCE with all the trimmings now set for January 1961, under terms of Rep. John Fogarty's bill which passed both House and Senate in final days of session. Senate decided on this date rather than not later than September 1960. It now means that Aging Conference will compete with Washington's quadrennial extravaganza — the inauguration of a President. Betting is good that next Congress will be asked to shift date to avoid this conflict. Senate bought the House version only after trimming back on the amount of maximum funds each state can have for setting up state conferences on aging problems in advance of the big conference. House wanted them to get $50,000; Senate said $15,000 and it stuck.

CLIFF HANGING best describes the 11th hour action on a piece of legislation that has been batting around the halls of Congress for years: chemical additives in foods. On the last day of the session, the Senate passed the bill requiring Food and Drug Administration pretesting of additives before they can be used in foods. Senate amendments that included a $2500 raise for Food and Drug Commissioner George Larrick were agreed to by the House. Another amendment gives HEW Secretary authority to hire executive and administrative personnel at salaries between $12,500 and $19,000 for the mushrooming National Institutes of Health.

•

RUSSIA HAS SOCIAL SECURITY, too, and five officials of our Social Security Administration are off to the Soviet for a month's study of such things as old-age pensions, disability pensions, rehabilitation, care of the aged and children and youth organizations. It's part of the exchange agreement signed by the two countries last winter. The Russians will have a look at our system later. The U. S. delegation is made up of SS Commissioner Charles Schottland, OASI Director Victor Christgau; Robert J. Myers, chief actuary of SS; Assistant OASI Director Arthur E. Hess, and Corinne H. Wolfe, chief of technical training, Bureau of Public Assistance.

•

SOME STATES' FAILURE to vote money to match available federal grants is a major factor in the lag in the administration's goal of 200,000 rehabilitations of the physically handicapped by 1959. Eisenhower set that goal four years ago when Congress authorized a big program for federal-state rehabilitation spearheaded by Office of Vocational Rehabilitation. OVR Director Mary Switzer cited state lag in reporting that 74,320 disabled were rehabilitated during the fiscal year ending this past June. This total were persons sent back to gainful employment. Another 18,584 hadn't found jobs.

•

WELFARE-HEALTH FUNDS run by both unions and management won't have to make annual reports to Secretary of Labor if they have under 25 members. That was agreed to by the Senate in buying portions of the House version of the only labor legislation passed this session. Bill as sent to the White House would also (1) would allow beneficiaries upon request to have copies of descriptions and reports of fund operations, and (2) provide fines up to $10,000 or five years imprisonment for falsification of reports.

•

FIRST WOMAN UNDER SECRETARY of record is Bertha Sheppard Adkins of Salisbury, Md., who is No. 2 in the Department of Health, Education, and Welfare. A former college educator, Mrs. Adkins recently held the job of assistant chairman of the Republican National Committee. ■

Hospital Calendar

October

21-24 . . The American Dietetic Association, Benjamin Franklin and Bellevue Stratford Hotels, Philadelphia, Pennsylvania.

23-24 . . Mississippi Hospital Association, Hotel Heidelberg, Jackson, Mississippi.

23-24 . . Nebraska Hospital Association, Sheraton-Fontenelle Hotel, Omaha, Nebraska.

25 . . American College of Osteopathic Hospital Administrators, National Institute, Statler Hotel, Boston, Massachusetts.

November

3- 5 . . Maryland-District of Columbia-Delaware Hospital Association, Hotel Shoreham, Washington, D. C.

10-14 . . Association of Inhalation Therapists, Kingsway-Ambassador Hotel, St. Louis, Missouri.

13-14 . . Arizona Hospital Association, Westward-Ho Hotel, Phoenix, Arizona.

13-14 . . Kansas Hospital Association, Baker Hotel, Hutchinson, Kansas.

19-21 . . Missouri Hospital Association, Hotel President, Kansas City, Missouri.

January 1959

23-24 . . Alabama Hospital Association, Admiral Semmes Hotel, Mobile, Alabama.

March

5- 6 . . Georgia Hospital Association, Bon Air Hotel, Augusta, Georgia.

April

8-10 . . Southeastern Hospital Conference, Atlanta Biltmore Hotel, Atlanta, Georgia.

27-May 1 National Association for Practical Nurse Education, Inc., the Netherland Hilton Hotel, Cincinnati, Ohio.

May

7- 8 . . Tennessee Hospital Association, Andrew Jackson Hotel, Nashville, Tennessee. ■

Publishers of HOSPITAL and MEDICAL RECORDS since 1907

CANCER REGISTRY SYSTEM

Complete . . . Practical . . . Authoritative

Use the system that provides all essential elements specified in the *Manual of Cancer Registries and Cancer Clinical Activities* of the AMERICAN COLLEGE OF SURGEONS. Be sure that your records meet every standard required for approval of a Cancer Program. Here are the basic forms in our system:

- *A CANCER ACCESSION REGISTER*
- *Cancer Registry Summary Sheets*
- *Cancer Registry INDEX FOLDERS*
- *A to Z Tab Guides for Filing*
- *Indexing and Follow-Up Signals*

This system demands minimum maintenance time of the medical record librarian, yet assures efficient functional records. It also saves space. The cancer abstract file becomes a patients' index, and with the new color-coded plastic signals, also becomes a follow-up control and a cancer index by site and histological type.

For descriptive Circular 1562, write to Dept. CRS

Physicians' Record Company

161 W. Harrison Street • Chicago 5, Illinois

"80% of epileptics... can, with appropriate care and encouragement, lead a normal life"*

*Lord Cohen of Birkenhead: *British M.J.* 1:672, 1958

the Parke-Davis family of anticonvulsants

...an appropriate anti-epileptic for every clinical need

for grand mal and psychomotor seizures

Dilantin®

Sodium (diphenylhydantoin sodium, Parke-Davis) is supplied in many forms—including Kapseals® of 0.03 Gm. and of 0.1 Gm. in bottles of 100 and 1,000.

Phelantin®

Kapseals (Dilantin 100 mg., phenobarbital 30 mg., desoxyephedrine hydrochloride 2.5 mg.), bottles of 100.

for the petit mal triad

Celontin®

Kapseals (methsuximide, Parke-Davis) 0.3 Gm., bottles of 100.

Milontin®

Kapseals (phensuximide, Parke-Davis) 0.5 Gm., bottles of 100 and 1,000. Suspension, 250 mg. per 4-cc. teaspoon, 16-ounce bottles.

PARKE, DAVIS & COMPANY · DETROIT 32, MICHIGAN

MEDICAMENTA VERA

45059

Consulting

with Dr. Letourneau

Tuberculosis Surgery

QUESTION: *Our hospital accepts tuberculosis patients for surgery but we have had a conflict recently on the location of these patients. Should they be housed in the tuberculosis service or should they be isolated on each individual surgical service such as thoracic surgery, genito-urinary, orthopedics and pediatrics?*

ANSWER: From all points of view, except the convenience of the specialists, it is a better practice to house all the TB patients in the TB service. In this way chances of spreading infection are kept to the minimum, nursing techniques adapted to TB can be put into effect and rules of sanitation and isolation can be better controlled. It is inconvenient for the surgeons and the surgical residents to leave their own services to attend to TB patients but the safety of the majority is a paramount consideration in this case.

Obstetrical Anesthetic

QUESTION: *In our obstetrical department we frequently encounter precipitous deliveries before the doctor arrives. Labor progresses rapidly and when the patient is on the point of delivering, the anesthetist puts the patient under so that she thinks that the doctor was present at the delivery, when in fact, he was not.*

The purpose of the anesthetic is to retard the progress of labor if possible so as to give the doctor a chance to get to the hospital. In many instances the baby is born with the assistance of the obstetrical nurse before the doctor arrives. Should we condone this practice? Should we advise the mother that the baby's birth was not attended by the doctor? Our medical staff feels that this is a proper practice. What would you advise?

ANSWER: Administering an anesthetic to an obstetrical patient without an order from the physican is a hazardous undertaking. If anything went wrong, the anesthetist and the hospital would have to answer for it. It is fraudulent to convey the impression to the patient that the physician was present at the birth of her baby when, in fact, he was not. If the baby is born before the doctor arrives, the patient should be told the plain facts of the case. To withhold this information is to participate in the fraud. Especially is this true if the doctor bills the patient for having attended her at the birth of her child.

Dental Extractions

QUESTION: *Not infrequently patients are admitted to the hospital to have teeth extracted under general anesthetic. Is it necessary to treat these like ordinary medical patients and to obtain a history, physical examination and laboratory work on them? Should we obtain a consent for operation and a general anesthetic?*

ANSWER: A patient who is admitted to the hospital for extraction under general anesthetic should be admitted to the Department of Surgery and is subject to the same rules that govern other patients in the hospital. A physician should be responsible for recording a complete history and physical examination on the patient prior to operation. A written consent to operation should also be obtained from the patient.

The case is somewhat different for tooth extractions in the outpatient department where a single tooth or perhaps two or three may be extracted under local anesthetic. Here a consent is presumed by the cooperation of the patient in the operation. In the case of children accompanied by parents it can be assumed that the parent has consented. Dentists should never extract teeth from children who are unaccompanied by parents unless they have a written consent to the extractions and to anesthetic signed by the parents.

Consent for Operation

QUESTION: *Is it necessary to obtain a written consent from the patient before performing spinal puncture?*

ANSWER: A patient's consent in writing is not necessary either for surgery or any other diagnostic or therapeutic procedure. However, some kind of consent must be obtained for any kind of medical treatment whether verbal, in writing or implied. It is better practice to have a consent in writing. If the patient is a minor or incompetent to consent then the consent of his guardian is necessary. Consent is implied in the case of an emergency where the patient is in immediate danger of death. It is a principle of public welfare that the preservation of life is more important than the individual rights of the patient.

No consent is necessary where operative procedures are required to save a life in the case of an attempted suicide.

Consent to perform a spinal puncture should be obtained in writing and especially so in the case of spinal anesthesia. All potential hazards should be explained thoroughly to the patient before the procedure is attempted.

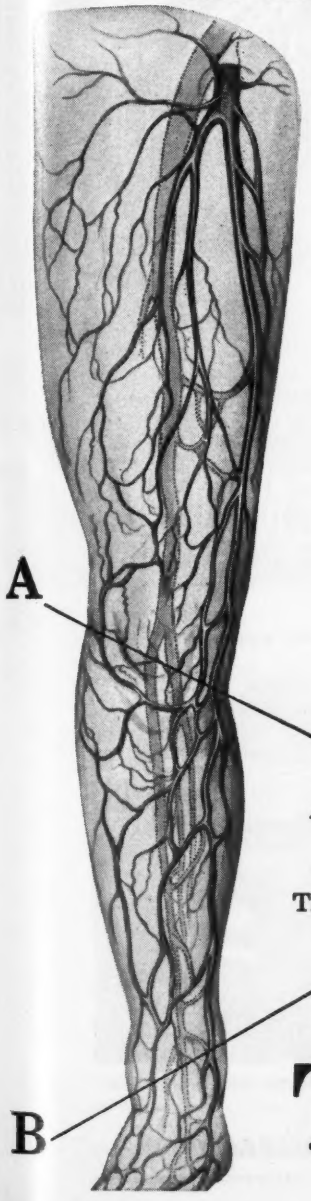
Pediatric Surgery

QUESTION: *Who is responsible for the custody of infant and child patients undergoing surgery? The pediatric department or the surgical department?*

ANSWER: Saving extraordinary circumstances, the patient should be housed in the pediatric service and cared for under the jurisdiction of the pediatric doctors and nurses. The surgeon is the responsible physician but he must come to the pediatric service to write his orders and to prescribe treatment for his patient.

Modern way to combat the fourth largest cause of hospital fatalities

The case for T.E.D. elastic stockings as an improved, low-cost method of leg compression



A to B indicates common origin sites of Thrombo-Embolic Disease.

Pulmonary embolism today ranks fourth in incidence of hospital fatalities (perhaps it would be even higher if the cause of death were not often attributed to the accompanying disease).

Many doctors who recognize compression as a practical, effective solution have up to now depended upon elastic bandages. But these have their drawbacks. A bandage can never be wrapped twice with exactly the same pressure—even when applied by the doctor himself or someone equally skilled.

Successor to bandages

Now, however, there is an easier way: T.E.D. Elastic Stockings, developed for routine hospital prevention of Thrombo-Embolic Disease by Bauer & Black, world's largest maker of elastic stockings.

The T.E.D. stocking can be applied even by an unskilled nurse's aid with the certainty that it will provide positive, even pressure (plus comforting warmth and support for the patient).

Fatalities down, costs down

In tests conducted at Massachusetts Memorial Hospitals in Boston, the use of T.E.D. Elastic Stockings as *standard procedure* (except in cases of ischemic vascular diseases of the legs) reduced the expected incidence of fatal pulmonary embolism by as much as 65%.

The cost of the T.E.D. stocking: less than that of two 4-inch elastic bandages. Send today for further studies of this hospital-approved method of compression.

MAIL COUPON FOR FULL REPORT

Bauer & Black Research Laboratories
Dept. HM-10, 309 W. Jackson Blvd.
Chicago 6, Ill.

Please send complete literature on the new leg compression prophylaxis using T.E.D. Elastic Stockings.

Name_____

Address_____

City_____ Zone____ State_____

T.E.D.® ELASTIC STOCKINGS

Bauer & Black

DIVISION OF THE KENDALL COMPANY

For more information, use postcard on page 145

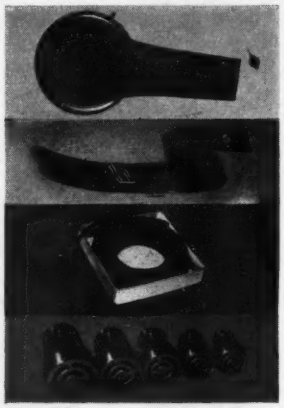
CONDUCTIVE RUBBER IS DEPENDABLE

New Davol formula provides increased efficiency and longer life of C/R operating room accessories:

- Assures uniform, consistent conductivity even after extended use and handling.
- Greater tensile strength plus increased flexibility.
- Can be sterilized repeatedly without loss of conductivity or flexibility.

Anesthesia equipment: contour face inhalers, head straps, rebreathing bags, corrugated inhaler tubes, adapters and inserts also available in conductive rubber. For detailed description of all items, see your hospital supply dealer.

Davol C/R products for use in the operating room:



1. Operating Cushion—Kelly style, reversible, 20″ by 44″.

2. Restraint Strap—67″ long, 2¼″ wide. Practically indestructible.

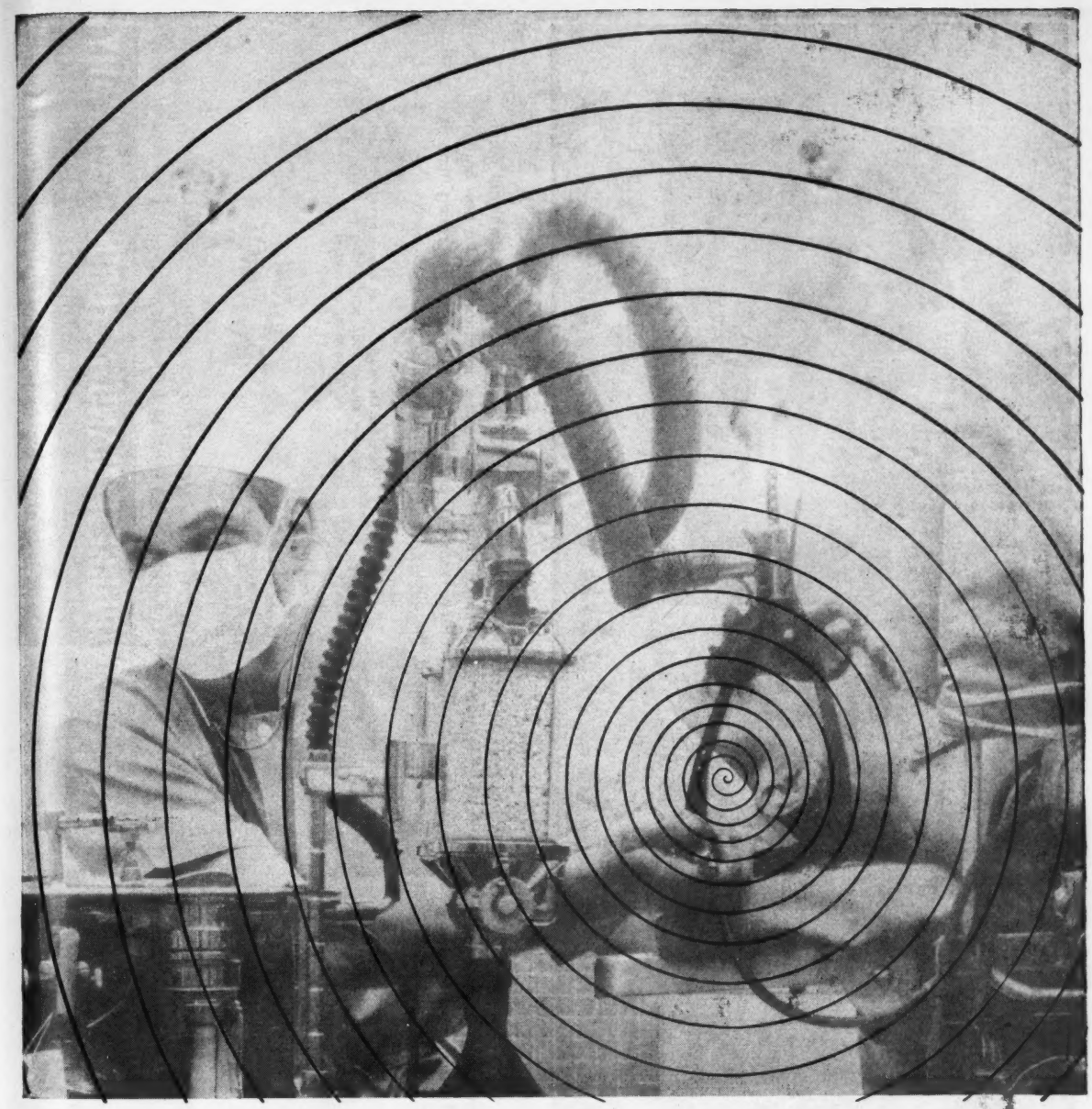
3. Tubing—All standard sizes. 50 continuous feet to box.

4. Chair and table tips—Inside diameter: ⅝″ to 1⅛″. Special non-skid design.

Manufacturers of Highest Quality Surgical and Hospital Rubber Goods for over 80 years.

DAVOL RUBBER COMPANY

PROVIDENCE 2, RHODE ISLAND



makes the shift to ether smoother and easier

VINETHENE®

VINETHENE is a superior induction agent prior to ethyl ether. Its action is rapid and smooth. Excitement or nausea is rarely encountered. Muscular relaxation is good. Such benefits, established for a quarter of a century, also recommend VINETHENE for short operative procedures and as a complement to nitrous oxide or ethylene. VINETHENE is easily administered via open, semi-closed or closed methods.

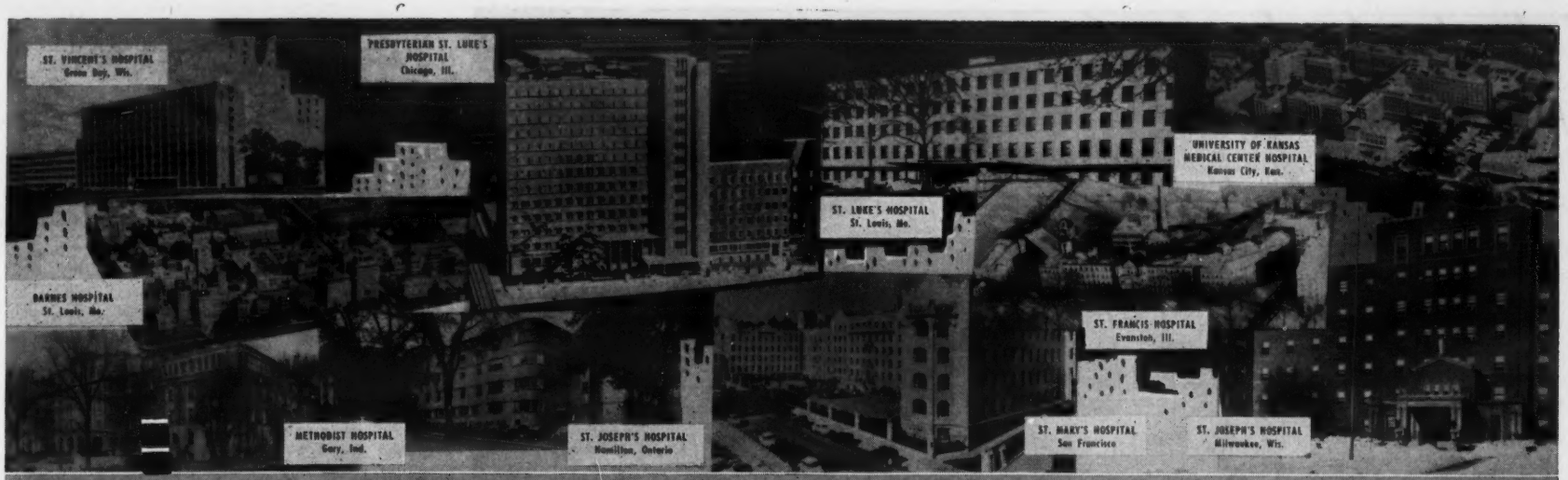
Supplied: In 10-cc., 25-cc., 50-cc., and 75-cc. bottles, each with adjustable plastic dropper cap.

MSD

MERCK SHARP & DOHME
Division of MERCK & CO., Inc., Philadelphia 1, Pa.

For more information, use postcard on page 145

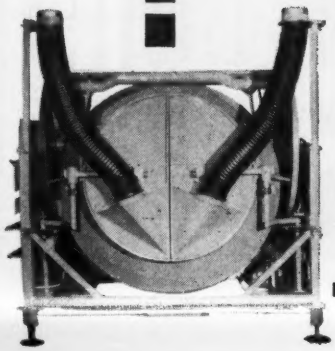
For more information, use postcard on page 145

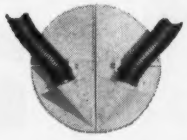


The Purkett Skyline of Satisfied Hospitals . . . .

Typical of the many hospitals where top operating efficiency in large flatwork and garment conditioning work will be found, due to Purkett's 72" Pre-Drying Conditioning Tumbler, are the above efficiently managed hospitals.

With the new 72-inch 25-ring PCT* laundry managers will get maximum performance in their conditioning operations with a new high of 4 lbs. moisture removal per minute. Although processing time is reduced, the quality of work is improved.





Two 8-inch vents eliminate the heat and lint output menace.

Large squirrel type blower supplies 2300 cfm, cutting cycling time.

The heat coil is the heart of the PCT*. The 25-ring unit gives 108% more heating surface than the 12-ring unit.

Write for literature . . . or ask to have a Purkett engineer discuss your conditioning problems with you . . . no obligation, of course.

Naturally it's a PURKETT

*PRE-DRYING CONDITIONING TUMBLER

Purkett equipment is sold by ALL Major Laundry Machinery Manufacturers and by

PURKETT MANUFACTURING COMPANY
Joplin, Missouri
DEPENDABLE PRE-DRYING CONDITIONING TUMBLERS

Guest Editorial

The American Academy of Pediatrics and the Care of the Newborn in Hospitals

E. H. Christopherson, M.D.

Executive Secretary
American Academy of Pediatrics

Pediatricians have always strongly felt their responsibility in directing the care of the newborn infant. By virtue of training and experience it is also logical that pediatricians should have taken the initiative in attempting to improve the care provided to the newborn. With the founding of the American Academy of Pediatrics in 1930, one of the first committees to be created was the Committee on Fetus and Newborn. This committee was active and made provocative and informative studies and reports but it is interesting to mention that no far-reaching influence beyond the membership of the Academy could be claimed during the early years.

In 1942 and 1943 a fortunate relationship developed between the Academy's Committee on Fetus and Newborn and the Children's Bureau with the result that the committee assisted the Children's Bureau in its important pioneer work of developing "Standards and Recommendations for Hospital Care of Newborn Infants—Full Term and Premature, Publication 292." This manual was published in 1943 and provided information that was most welcome. Even the availability of such a manual was not the answer as not enough of the people who should have read the manual were ever introduced to it.

It appeared obvious that some sort of a mechanism must be developed that would not only increase the distribution of the manual, but would also increase its prestige. With such objectives in mind the Children's Bureau asked the American Academy of Pediatrics to take the responsibility of revising the "Standards and Recommendations for Hospital Care of Newborn Infants—Full Term and Premature" as well as the publication of any future editions.

In 1947 the Committee on Fetus and Newborn prepared and published a limited preliminary edition of its proposed manual. Copies of these tentative standards and recommendations were submitted for criticism to all national officers of the Academy, to all State Chairmen(state organizations then having been developed within the Academy), and to other interested groups and individuals inside and outside the Academy. Many valuable criticisms and suggestions were received which could be incorporated in the second edition of the manual which was published in 1947.

The Committee on Fetus and Newborn and the Executive Board of the Academy had gone a step further and had caused to be organized in each state an Academy Committee on Fetus and Newborn. These state committees were charged with the responsibility of bringing the new manual to the attention of hospital administrators, hospital staffs, nursing staffs, as well as health officers and general practitioners. In many states the local committees were fairly successful and the new manual became much more of a force in the general plan for improving the care of infants in nurseries.

By the time of the early 1950's it was apparent that another revision of the manual was indicated. In considering ways and means of still increasing the effectiveness of the "Standards and Recommendations for Hospital Care of Newborn Infants", the Academy officers proposed that the committee ask other interested groups to send representatives to work with the Academy's committee in the revision process with the ultimate objective of possibly asking the cooperating organizations officially to endorse the publication. With this

HOSPITAL FLOORS NEED TORNADO®

FLOOR MACHINES

Care of the floors in your hospital is an important part of your housecleaning job. Their proper care is a major factor in your safety and sanitary program.

All floor machines are not alike. No matter what chemicals or waxes you are now using, a Tornado Floor Machine will bring new beauty and cleanliness to your floors.

Tornado floor machines are husky, rugged and quiet—yet scientifically balanced for better performance and easy operation. There's a size for every floor area. Use them for better scrubbing of tile, terrazzo, marble, wood or concrete floors.

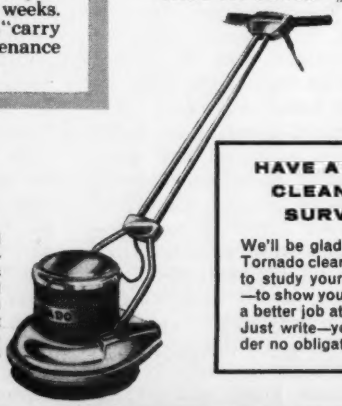
Daily or regular buffing of waxed floors will keep them with that "just waxed" look for weeks and weeks.

Let Tornado floor machines "carry the load" of your floor maintenance program.

TORNADO®
SERIES 900
"Heavy Duty"
FLOOR MACHINE

Made in 14"-16"-18" and 22" brush sizes. ⅓-½-¾ and 1 H.P. capacitor start motors. Brush speed 175 R.P.M. 50', 14 ga. 3 wire detachable non-marking cable. With or without Solution Tank.

Write for Bulletin #913.



TORNADO®
SERIES 130
"Light Heavyweight"
FLOOR MACHINE

The perfect machine for congested or smaller floor areas. The Tornado 130 Floor Machine assures you of excellent scrubbing and polishing performance. 13" brush size with ½ H.P. capacitor start motor. It's light enough for everyone to use—yet heavy enough to do a fine job.

Write for Bulletin #763.

HAVE A FREE CLEANING SURVEY

We'll be glad to send a Tornado cleaning expert to study your problems—to show you how to do a better job at less cost. Just write—you are under no obligation.

BREUER ELECTRIC MFG. CO.

5138 N. Ravenswood Avenue • Chicago 40, Illinois

in mind the following organizations were asked to assist with the revision of the manual: The American College of Obstetricians and Gynecologists, the American Committee on Maternal Welfare, the Section on Maternal and Child Health of the American Public Health Association, the American Hospital Association, the National League for Nursing, the Children's Bureau, and the Section on Pediatrics of the American Medical Association. All of these organizations responded favorably and in January 1954 a new and third edition of "Standards and Recommendations for Hospital Care of Newborn Infants — Full Term and Premature" made its appearance and on the first page of this edition were to be found the endorsements of all of the abovementioned organizations. Concurrent with the release of the manual, all of the cooperating societies gave publicity to the manual and urged their memberships to procure copies and to do what was even more important, work for the establishment in their own hospitals of the standards set forth in the manual.

At the same time the American Hospital Association at their own expense procured a sufficient number of copies so that one could be made available to the Administrator of each member hospital.

The Academy's state Committees on Fetus and Newborn were urged in their own states to bring the manual to the attention of hospital administrators, pediatric and obstetrical staffs, newborn nursery staffs, health officers, and medical societies. The pediatricians were also charged with the responsibility of seeing that the standards set forth in the manual were instituted and followed in their own hospitals. Thanks to the cooperative effort, this campaign has been fairly successful. Over 25,000 copies of the 1954 edition were distributed and we have reason to believe that it has become sort of a "Bible" of newborn care in most hospitals as well as in the teaching programs of medical schools and nursing schools. Many State Health Officers have purchased the book in quantity and have distributed it in their states.

By 1957 necessary revisions were again made and another printing ordered. An additional 15,000 copies of the new fourth edition have been distributed. Also in 1957 through the cooperation of the Pan American Sanitary Bureau a Spanish edition

Please turn to page 130

for routine treatment of commonly encountered infections and effective therapy in Upper Respiratory and Genitourinary Infections.

BROADEN THE THERAPEUTIC RANGE
STRENGTHEN ANTIBIOTIC ACTIVITY
REDUCE INCIDENCE OF SECONDARY INFECTION
MINIMIZE EMERGENCE OF RESISTANT STRAINS
SIMPLIFY ADMINISTRATION
DECREASE COST OF MEDICATION
REDUCE TIME OF TREATMENT
HASTEN RECOVERY

"The combination of penicillin with streptomycin (as in Combiotic) broadened the spectrum of activity . . . most important made it possible, because of an additive antimicrobial effect, to treat infections not susceptible to the individual drugs alone."[1]

Available in three formulations for greater convenience and individual therapy:

COMBIOTIC P-S (dry powder) 0.5 Gram Formula
300,000 units penicillin G procaine crystalline and 100,000 units buffered penicillin G potassium crystalline plus 0.5 Gm. dihydrostreptomycin sulfate in each dose. Available in one and five dose vials.

COMBIOTIC P-S (dry powder) 1.0 Gram Formula
300,000 units penicillin G procaine crystalline and 100,000 units buffered penicillin G potassium crystalline plus 1.0 Gm. dihydrostreptomycin sulfate in each dose. Available in one and five dose vials.

COMBIOTIC AQUEOUS SUSPENSION (ready to inject)
in 5 dose "drain-clear" 10 cc. vials 400,000 units penicillin G procaine crystalline and 0.5 Gm. dihydrostreptomycin sulfate in each 2 cc. dose. Also available in Steraject disposable cartridges.

Pfizer *Science for the world's well being* **PFIZER LABORATORIES** Division, Chas. Pfizer & Co., Inc. Brooklyn 6, N.Y.

1. Welch, H.: Antibiotic Med. 3:375. 1956

A-5377-8-8

For more information, use postcard on page 145

'HM' Salutes

Arden E. Hargrove

Administrator of the Norton Infirmary
Louisville, Kentucky

■ Arden Hargrove is a hospital administrator who has dedicated his life to the improvement of the health of the people. He is a true professional who has devoted his energy and his knowledge to raising the standards of the profession of hospital administration.

His efforts have contributed to the present high level of hospital administration and the professional standing of hospital administrators.

His skill as a preceptor in the training of young hospital administrators has placed eleven men in responsible positions in this professional field. He is regarded as a teacher of the highest order.

Honors are an old story to Arden Hargrove. He became a Fellow of the American College of Hospital Administrators at its first convocation in 1934 and served this body as a Regent from 1939 to 1946. In addition he has served on many important committees and devoted much time and effort to each. He is a life member of the College.

Arden Hargrove came to the field of hospital administration through the profession of chemistry. After receiving his degrees in chemistry he served as city chemist in Akron, Ohio, from 1912 to 1914, as assistant professor of chemistry at the University of Akron from 1914 to 1922 at which time he became Superintendent of the Akron City Hospital, a post which he held until 1935. From 1935 to 1938 he served as assistant secretary of the American Hospital Association following which he came to his present position where he remained until his retirement in 1958.

A recognized leader in association work, Mr. Hargrove has held the presidency of two state associations, Ohio and Kentucky in addition to numerous positions on committees and councils of the A.H.A., the Blue Cross Plan of Kentucky and the American Protestant Hospital Association.

He is recognized as a civic leader in the City of Louisville holding trusteeship of several welfare agencies and social service groups as well as the Red Cross and the Community Chest Budget Committee. He is a member of the Governor's Commission for planning Kentucky Health and the Health Committee of the Louisville Area Developing Association.

A member of the Episcopal Church and a thirty second degree Mason, he has been active in church and welfare work for most of his life.

Because of his long and devoted service to hospital administration on the national, state and local level and because he made public duty his life's work and served with perseverance, steadfastness and purpose, and because he worked constantly with loyalty and courage in each of his undertakings, the Kentucky Hospital Association presented him its Distinguished Service Award in 1958.

With this salute HOSPITAL MANAGEMENT simply wishes to add an *Amen* to the honors which have been bestowed upon Arden Hargrove. ■

These are Dennison Wraps

WHAT ARE THEY? THE MOST EFFICIENT AND ECONOMICAL AUTOCLAVE WRAPPERS

What are their advantages?

Comparative tests have proved them to be superior in every respect*

- superior steam penetration
- maximum shelf life
- easier wrapping — exclusive two-way stretch
- no cutting, sewing, mending, laundering
- reusable — quick and easy to inspect
- strong — wet or dry
- easy to stock-pile sterilized supplies
- neater, more compact bundles save storage space

*data sent on request

Dennison Wraps for autoclaving are made from a special kraft, treated and processed to combine strength and flexibility. They come in a wide variety of sizes — including glove envelopes and cases as illustrated above. They accommodate supplies commonly wrapped for use in operating rooms, delivery rooms, laboratories and all patient areas.

—Why don't you try them at our expense?—

Dennison, Dept. K-8,
Framingham, Massachusetts
Please send me samples of Dennison Wraps.

Name.....

Title.....

Hospital.....

City.....*State*.....

Dennison Wraps
FOR AUTOCLAVING

COMBINING THE QUALITIES OF CLOTH WITH THE ECONOMY OF PAPER

For more information, use postcard on page 145

THE STAPH PROBLEM . . . IN FLOOR MAINTENANCE

Working with sanitation experts, our engineers have developed a battery powered floor machine that is remarkably quiet. It is setting a new standard in floor cleanliness for at least one-fifth the cost of hand methods. The Lincoln Autoscrubber spreads the cleaning solution (add detergent-disinfectant of your choice), scrubs, vacuums up solution and squeegee dries floor in a *single automatic operation!*

NO CABLES • NO FUMES • NO NOISE

There are no fumes or odors with the new battery powered hospital quiet Lincoln Autoscrubber. No electric cords to bother with or cable restrictions. Batteries give more than 5½ hours of continuous service on one charging.

ONLY FRESH WATER GOES ON FLOOR

Corrosion proof tank holds 16 gallons of water. Only fresh water is used for scrubbing, then vacuumed into separate tank. No more scrubbing with contaminated sludge! Recovery tank drains empty in minutes and can be flushed out with hose.

UNIQUE SCRUBBING ACTION

A 6-part floating brush 20" in diameter does the scrubbing. Brush sections also "float" for thorough, even scrubbing action, brush wear. Scrubs up to baseboards—there is no splashing. Brush scrubs a 20" path without upsetting normal routine—you have dry floors in front and in back of machine at all times!

VERY FAST, EFFICIENT

This machine is self-propelled. It moves under its own power. It does all the work. All operator does is guide it. One man can scrub and disinfect 12,000 sq. ft. of flooring in 1 hour with a 16-gallon water load. Dust, dirt and germs are water covered and vacuumed up, not blown or swept back into the atmosphere!

A note on your letterhead will get prompt action by a courteous floor maintenance counselor in your community. Naturally, there is no charge or obligation for a demonstration. Address note to: Hospital Floors Division, American-Lincoln Corporation, Toledo 3, Ohio.

FLOOR MACHINES · VACUUMS · SWEEPERS

American-Lincoln produces a full line of floor machines engineered to meet any job requirement. FLOOR POLISHERS, 12", 13", 14", 16", 19", 23" brush widths. VACUUMS, portable, wet-dry pickup. Stainless steel, enamel or porcelain tanks in 3, 9, 12 and 55-gallon capacities. Explosion-proof model. SWEEPERS, power. Use wherever there is paper and scrap to be picked up rapidly, completely, cheaply. Sweeping widths of 24", 36", 48", 60", 72".

AMERICAN-LINCOLN CORPORATION

divisions: American Floor Machine Co., Lincoln Floor Machinery Co., Wilshire Power Sweeper Co.
sales offices: Toledo 3, Ohio

first in floor machines

SALES AND SERVICE IN OVER 40 PRINCIPAL CITIES

Books

Manual of Pharmacology and its Applications to Therapeutics and Toxicology

By Torald Sollmann, M.D., published by W. B. Saunders Company, Philadelphia, 1957. pp 1535. 8th Edition. $20.00.

■ FOR 50 YEARS this book has been the authority on pharmacology in medicine. The last edition was published in 1948 at which time about 50 percent of the drugs in use today were almost unknown.

It is comprehensive, well indexed and approaches the subject from the point of view of the drugs themselves rather than from the point of view of the disease to be treated.

The new edition does not render the old ones obsolete but supplements them. Only the most recent references are given in the bibliography and even these amount to about 11,000.

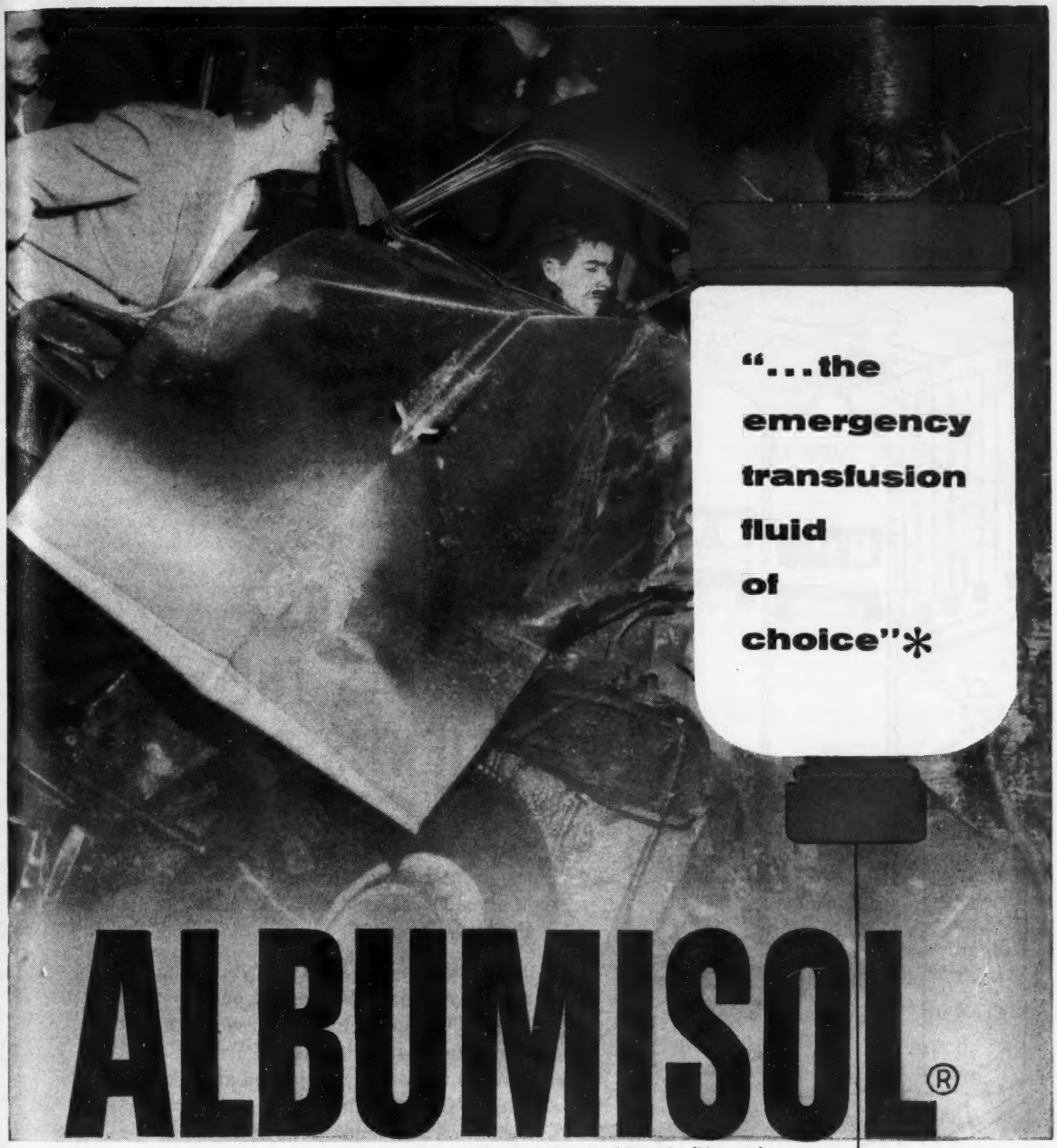
It is unnecessary to impress upon every hospital the fact that the medical library must be kept up to date. This is one text book whose current edition must be provided for the doctors, nurses, pharmacists and other professional people in the hospital.

The information in this book is encyclopedic. It is a standard text for students, practitioners and researchers who want to keep up to date on recent developments. Absolutely necessary for the medical library. C.U.L. ■

How To Study the Nursing Service of an Outpatient Department

A manual to help hospitals evaluate nursing activities. By Apollonia O. Adams, R.N., M.A., Chief, Division of Nursing Resources. U.S. Department of Health, Education and Welfare. 1957. pp. 75. $ .50.

■ A RATHER COMPREHENSIVE MANUAL which attacks a very different problem in a logical and orderly manner. Fulfills a definite need for more information on how to study and, therefore, how to plan an outpatient department so that the staff can be utilized more effectively. Recommended to all hospitals with outpatient departments. Can be obtained by writing to the Superintendent of Documents, U. S. Government Printing Office, Washington 25, D.C. C.U.L. ■



Normal Serum Albumin (Human)

No risk of serum hepatitis
Ready for administration; no storage problems
Human protein; readily metabolized
Contains no blood-clotting components
No grouping, typing, cross-matching required

Supplied: 'ALBUMISOL' 5%—in 250 and 500 cc. bottles in packages with a set of disposable intravenous equipment.

Also supplied: 'ALBUMISOL' 25% (Salt-Poor)—in 20 cc. bottles; in 50 cc. bottles in packages with a set of disposable intravenous equipment.

*Janeway, C.A.: Quart. Rev. Med. 9:153 (Aug.) 1952.

MSD

MERCK SHARP & DOHME
Division of MERCK & CO., INC.
Philadelphia 1, Pa.

For more information, use postcard on page 145

AS CLOSE AS THE PATIENT'S BREATH

The closer you are to the operating field, the greater the importance of cleanliness. Medical Gases are "As Close as the Patient's Breath."

That's why every Puritan Cylinder is carefully cleaned inside and out. Every Puritan Cylinder is freshly and completely painted. Every Puritan valve is thoroughly inspected and tested. Every "Cylinder Package" exceeds the standards and regulations of both the Interstate Commerce Commission and the Pure Food and Drug Administration.

These are some of the reasons why you may, with confidence, use Puritan Medical Gases.

Puritan
PURITAN MAID
COMPRESSED GAS CORPORATION
SINCE 1913
KANSAS CITY 8, MO.
PRODUCERS OF MEDICAL GASES AND GAS THERAPY EQUIPMENT

Your Insurance Counsellor

Henry E. Theobald, C.P.C.U.

Fire Insurance: Actual Value vs Replacement Cost

■ During this era of constant annual increases in costs of new construction, the insurance administrator may be faced with the problem of explaining why the insurance proceeds from a fire do not cover the cost of reconstruction. As most fire policies are written on an actual cash value basis, the company is only obligated to pay losses on a replacement cost, less depreciation basis, which is how the courts have interpreted ACV, or actual cash value.

From this it may be seen that even if the amount of insurance carried is sufficient to meet the requirements of the coinsurance clause, the insurance proceeds may pay for reconstruction of only 50 percent or 75 percent of the damage sustained. When this situation does occur it is not the fault of the insurance company that wrote the policy. The insurance administrator and the agent or broker must accept the responsibility for answering for the uninsured portion of the loss, if the fire insurance policies on the building do not have a replacement cost endorsement.

Replacement Cost Endorsement

The replacement cost endorsement extends the insurance coverage on buildings to cover the difference between the actual cash value and the replacement cost, without deduction for depreciation. This endorsement may be attached to policies covering buildings, and permanent equipment, fixtures, and machinery as may be written under the building form. Some states permit the contents of hospitals and other public buildings to be included under this endorsement. The endorsement may be used on policies covering buildings at one or more locations when an average rate is specifically published allowing its use.

Under this endorsement, the company's liability for loss shall be the smallest of these amounts: (1) the replacement cost of the building or any part of it, identical with such building on the same premises and intended for the same occupancy and use, or (2) the actual cost necessary to repair or replace the building or any part of it on the same premises and intended for the same occupancy and use, or (3) the amount of insurance applicable to the damaged or destroyed building.

The coinsurance requirement under this endorsement is usually based upon 100 percent of replacement cost, whether or not the property is eligible for coinsurance credit. There are some exceptions, such as New York State, where the minimum coinsurance requirement is 80 percent, 90 percent for blanket insurance. On the Pacific Coast, an 80 percent or 90 percent average clause is required.

Not all hospitals are eligible for replacement cost coverage as the use of this endorsement is usually confined to fire resistive buildings or those in very good condition. There must also be good management and regular appraisals made so that the amount of insurance keeps pace with the increased costs of construction and the requirements of the coinsurance clause.

However, the replacement cost endorsement does not cover any loss sustained by the enforcement of any state or municipal law or ordinance regulating the construction, repair or demolition of buildings, unless such liability has been specifically assumed under the policy. This exclusion may be assumed under the fire policy by the attachment of an endorsement covering increased cost of construction, called "Excess of

Please turn to page 101

DEKNATEL NEEDLED SILK
in transparent
DEKNATEL PLASTIC PAK

FOOLPROOF SAFETY

- **Transparent Deknatel Plastic Pak is sterilized in the solution you have known and relied upon: FORMALDEHYDE.**
- **There is no leakage problem with the Deknatel Pak. Prove it to yourself:**

Deknatel Plastic Pak is stored in jar solution containing fluorescein dye. Should a Pak develop a leak, detection is immediate and foolproof: Pak would contain colored storage fluid. ONLY DEKNATEL gives you this visual protection!

FAST, SIMPLE HANDLING

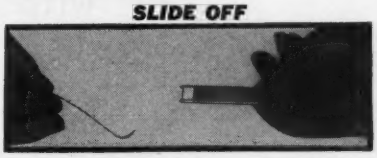
SLIDE OUT

No instruments required for removal.

ONE-HAND UNWIND

Metal reel unwinds by itself.

SLIDE OFF

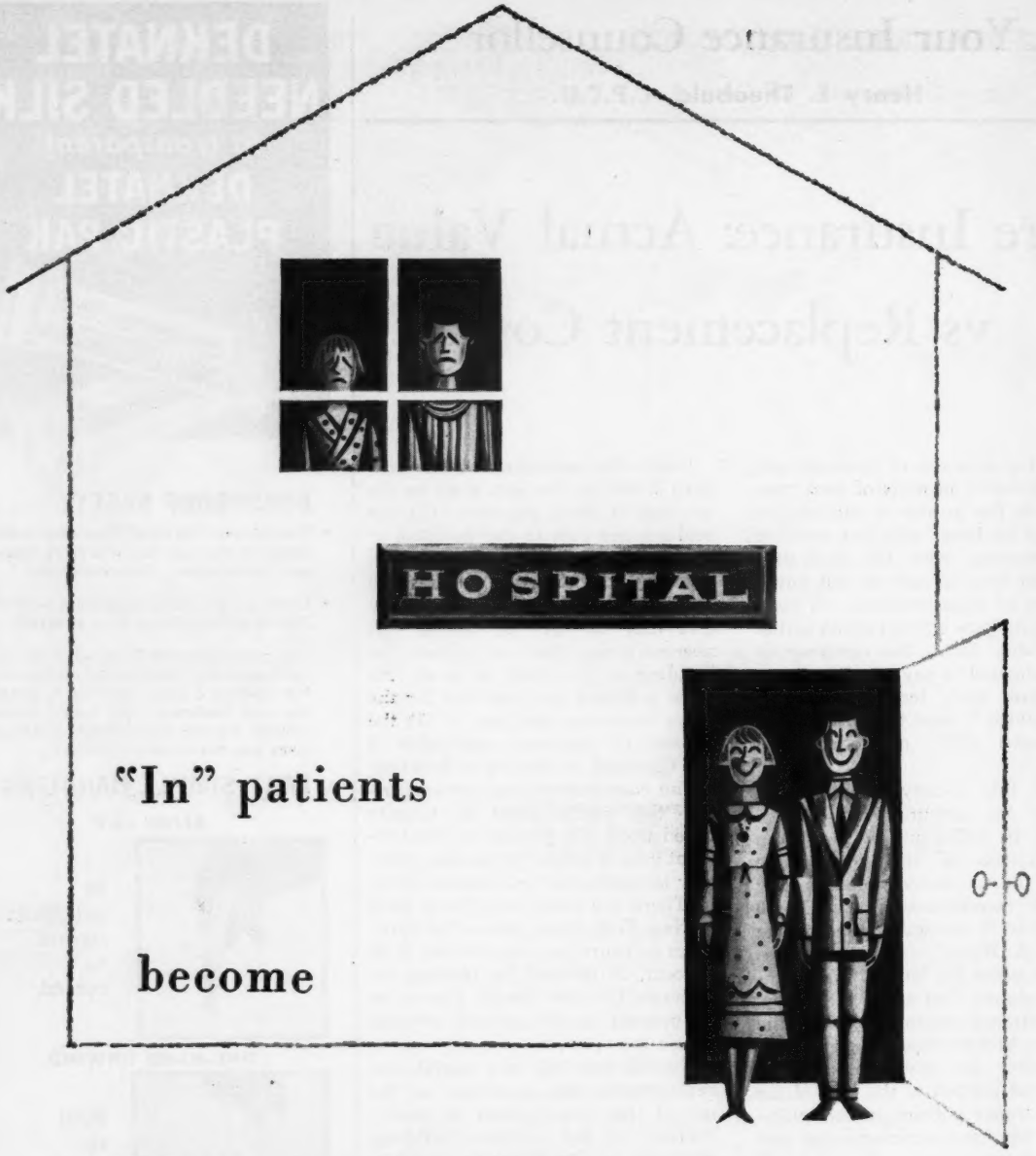


Needle is automatically freed from its protective metal tab. No instruments required.

For samples, write

DEKNATEL
96-42 222 Street, Queens Village 29, L.I., N.Y.

For more information, use postcard on page 145



"In" patients

become

"Going-out" patients...sooner

with GANTRISIN Roche

The treatment period is shortened and patients get back in stride sooner with Gantrisin, the dependable wide-spectrum sulfonamide. Beds become vacant faster in urological, medical and surgical wards.

Gantrisin is highly soluble and well tolerated without forced fluids or alkalis.

For any of the oral, parenteral and topical forms of Gantrisin, order direct from Roche through our special hospital price program.

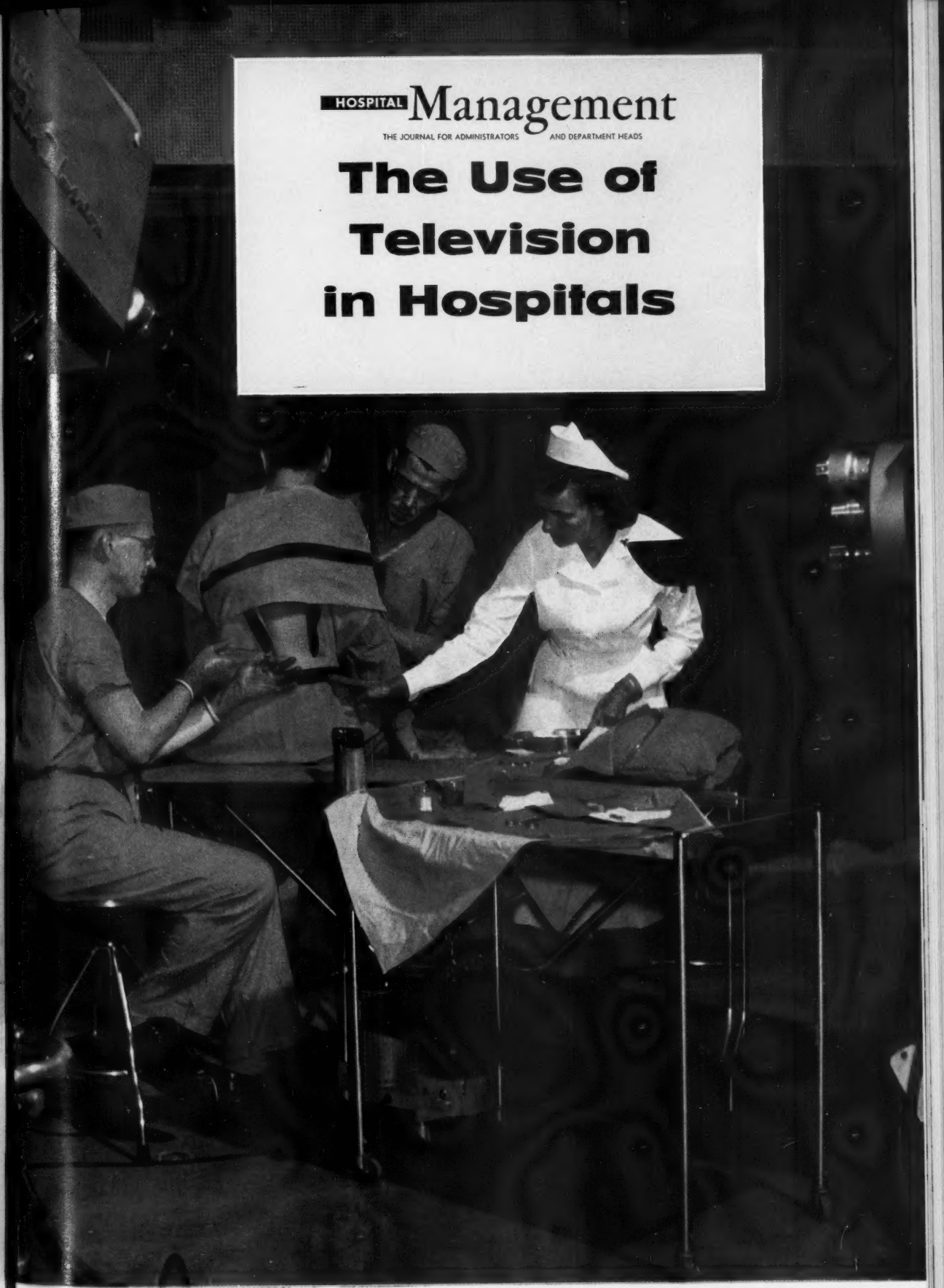
Gantrisin®—brand of sulfisoxazole

ROCHE®

Roche Laboratories • Division of Hoffmann-La Roche Inc • Nutley 10 • N. J.

HOSPITAL Management
THE JOURNAL FOR ADMINISTRATORS AND DEPARTMENT HEADS

The Use of Television in Hospitals



The TV camera is an unobtrusive witness of the drama of birth by Cesarean section.

ITV A Versatile Tool

by Tasker K. Robinette, M.H.A.

Director of Hospital Consulting Services
Consultant Associates, Inc.
Long Branch, New Jersey

■ NOT SINCE THE FIRST practical use of the telephone, has there been a tool available to the hospital administrator that is as versatile, dependable, and inexpensive as the now universally available ITV Equipment; yet nothing has been shrouded with greater misunderstanding, misstatement, and mystery.

Almost every department in the modern hospital could profit by the use of ITV—yet because of misunderstandings only a very few hospitals use it at all, and most of these use it only in a very limited area. Now, more than ever before, when hospital care is being more closely scrutinized, it behooves hospital administrators to take a closer look at the facilities available for improvement of efficiency and reduction of cost. ITV *is* such a facility.

The initials ITV stand for Industrial closed circuit Television, and here is our first source of misunderstanding. No doubt the manufacturers of ITV equipment conceived this term to appeal to their industrial customers, but the use of the term "industrial" has frightened away many persons in the health and education fields.

The second source of misunderstanding is the phrase "closed circuit" television, so often thought by medical people to refer only to color television as used in the group observation of surgery. Actually, the term "closed circuit television" refers to any television that is transmitted over a "closed circuit" from camera to receiver, i.e., television *not* broadcast over the air like commercial television.

Closed Circuit Television

Closed circuit television, as it is known today, refers accurately to four distinctly different sets of equipment in popular use.

Industrial TV is characterized by a low cost camera, about the size of a standard 16 mm movie camera, transmitting a black and white signal through a cable, to a special receiver called a monitor or viewer.

Studio Black and White TV is characterized by an expensive, large camera, about the size of the ones used by commercial TV stations, but transmitting through cables to special monitors. These are normally used in universities and in the military to train TV technicians and drama students. When this equipment is connected to commercial channels, it is no longer termed "closed circuit television;" it is then studio broadcast TV.

Closed Channel TV refers to the use of either the ITV, or studio type equipment, transmitting through a modulator, directly into a master antenna system, so that the signal is picked up on a standard television set, on an otherwise blank channel. This circuit is "closed" in that only TV sets connected to the master antenna receive the signal.

Color Television (Closed Circuit) is probably the most familiar to medical people, it is characterized by an expensive color camera transmitting through an expensive cable, directly to an expensive special monitor.

An informative article could be written about the uses of each category of equipment in the hospital. This article will attempt only to survey the ITV equipment and its usefulness in administrative cost cutting and operative improvement.

How many times I have heard administrators proclaim, "it costs too much," without even asking the price—wrongly assuming that ITV is in the same category with studio or color TV equipment and forgetting to relate the cost to the anticipated savings. Therefore, before discussing the hospital applications of ITV, I think it would be wise to bracket the costs of this equipment.

The price of a simple "camera chain" (consisting of a camera, the units required to power and control it, connecting cables and a 14 inch, 17 inch or 21 inch monitor) lies within the range of $1,000.00 to $3,500.00. The equipment is made by at least 17 different companies,

Hundreds of physicians take a place beside the operating surgeon.

in all combinations of quality, function and price range; and it is safe to say that the $1,000.00 model could be used in some very simple applications, while very few of the hospital installations would require the use of the $3,500.00 model.

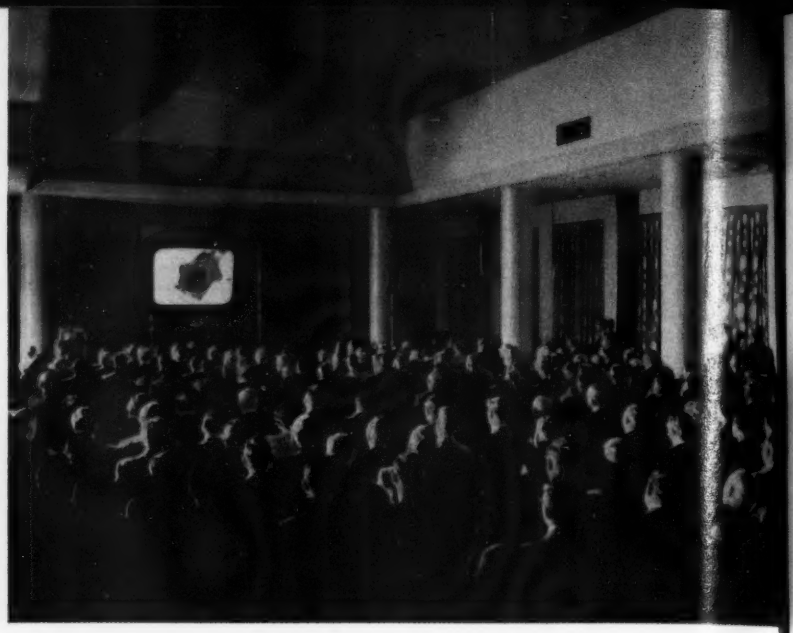
A list of ten manufacturers and the type of ITV they make is included for reference. More about the equipment later, now let's look into the hospital applications of ITV.

Applications

A. *Ward Surveillance:* Very little has ever been published on the utilization of ITV in hospitals. The Pediatric Ward surveillance system at St. Joseph's Mercy Hospital, Mason City, Iowa was one of the first published accounts* in which ITV was used to view patients from a remote position. This application has been advocated for some time, however, and the slowness of its acceptance can partially be blamed on its cost and partially on the mistaken assumption that this system must necessarily contribute to lower personal contact between nurse and patient. On the contrary, properly used, this need not affect the degree of contact, and can be used by the ward clerk to spot dangerous conditions that would not have been discovered by the nurse. The nurse cannot be in all the rooms at once, but the ward clerk can see into all the rooms virtually at once, and if she sees a dangerous condition, can call the nurse.

An installation of this type might have prevented a patient's leap to death from a window in a Northwestern hospital. The cost of the installation would be insignificant next to the cost of the lawsuit which they subsequently lost.

*Hospital Management, May 1958, p. 62.



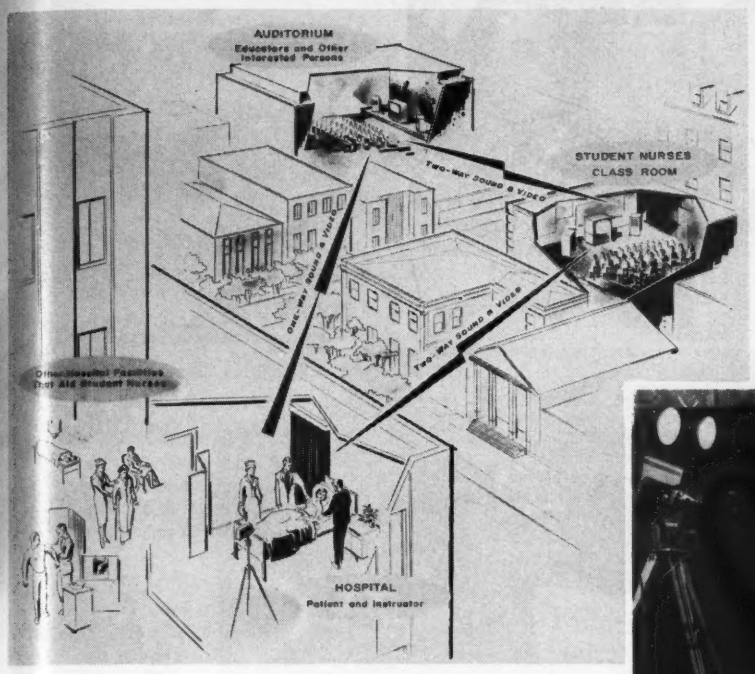
For these physicians, medical teaching becomes more flexible, more visually clear and, through reaching a larger audience, more effective.

Dental demonstrations can be distributed to several buildings or to other cities.

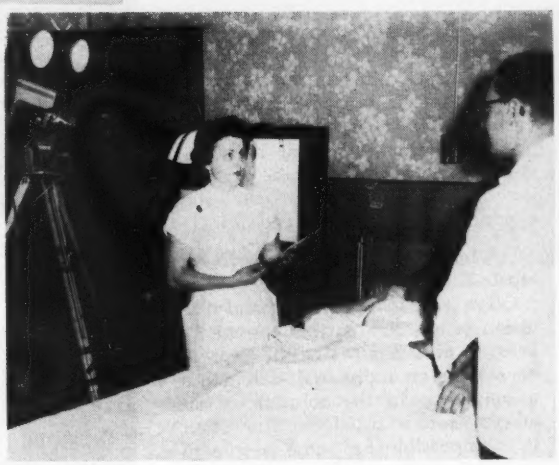
A look behind the scenes of medical color television

B. *Visiting Isolation and Obstetric Patients:* There are two categories of patients who do not see the visitors they would often like to see. The O.B. patients, even though their stay is short, usually would like to visit with some of their friends, and their children. The Isolation patients, who often long for the sight of a familiar face in their relatively longer hospitalization, should have some means at their disposal to communicate with their friends. ITV is the ideal solution to this problem, and has been used in combination with a master antenna system, at Morristown Memorial Hospital, New Jersey,** and at the Bryn Mawr Hospital in Pa.

**Hospital Management, July 1956, p. 51.



Television is used in nursing education at the Perth Amboy (New Jersey) General Hospital. Care and treatment of a patient can be televised to a classroom in the school of nursing a city block away as well as to an auditorium full of interested educators in another building.



Because the TV monitor has a two-way communication system, the student nurses can "talk back" to the nursing instructor and the doctor without disturbing the patient.

Ward surveillance and isolation-patient visiting applications of ITV are relatively well known, but ITV can also be used in hosiptals in three other major ways: (C) Process Supervision and Area Control; (D) Administrative Problem Solving; (E) Education and Training. Let us look at each one of these areas in turn.

C. *Process Supervision and Area Control*

1. *Corridor Surveillance:* At night, even in a large hospital, one attendant, doorman, or policeman could handle the emergency room, and still watch all hallways and corridors in the hospital for intruders, roaming patients or visitors. He could, from the same station, control all doorways, opening them by remote control when the situation warranted.

2. *Stores and Equipment Theft Control:* An Eastern department store discovered that an ITV camera, conspicuously displayed, with the sign, "This store protected from shoplifting by ITV," reduced the shoplifting all over the store, almost to nothing—even though that was the only camera in the store. If absolutely necessary, an ITV camera can be secreted very easily, and since it is capable of operating at very low light levels, it can watch a doorway, a loading dock or a storeroom, undetected.

3. *Surveillance of Gauges and Machinery:* A Pennsylvania hospital administrator, whose power plant is located across the street from his maintenance shop, is going to install an ITV camera system to survey the machinery gauges and transmit the image across the street to his shop. His two night men, instead of sitting in the boiler room, can repair furniture while they watch the machinery.

4. *Parking Lot Control:* In a very busy parking lot, an ITV camera mounted on a pole, with remote pan and tilt control, could pick out the open parking spaces and guard against theft.

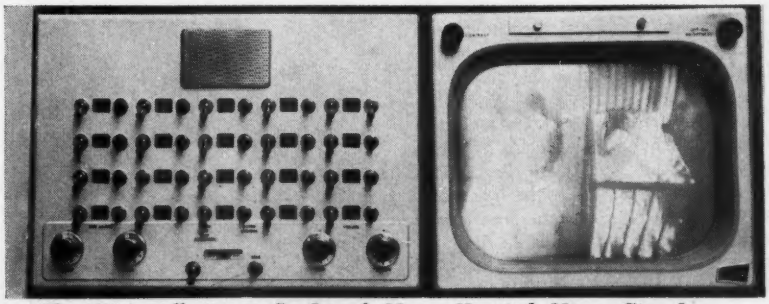
5. *Therapeutic X-ray and Radioisotope Laboratory Control:* No radiation hazard exists when the operator controls from outside the room*, maintaining contact through ITV.

6. *Microscopic Image Transmission:*

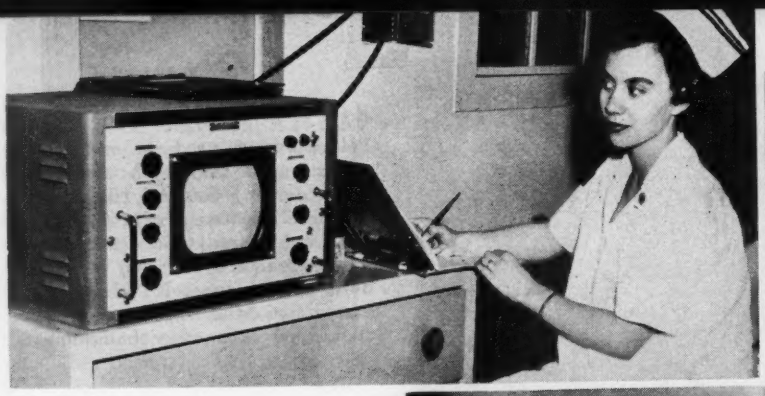
By means of coupling a bioscope to an ITV camera, microscopic slices can be transmitted anywhere in the hospital. Instead of just giving a laboratory report, the pathologist could show the doctor the slide and discuss the case by telephone.

7. *Medical Record Transmission:* X-rays would seldom be lost if

*See Hospital Management, April 1958, p. 124.



The TV installation at St. Joseph Mercy Hospital, Mason City, Iowa, can monitor the 42-bed pediatric department at night as well as during daylight for a five-candle light is sufficient for the cameras to operate.



they were stored in a central area. A camera in that area could transmit the x-ray image anywhere in the hospital for easy and convenient viewing. The same system could be used for retired medical and administrative records, again removing the possibility of loss and the expense of messengers and filing.

D. *Administrative Problem Solving*

Often the ability to expand the vision of a group, so that the members of that group live an experience with an individual, can make a long step in the solution of an administrative problem. Too often it is impossible for some people to understand the problems of others or of themselves without some means of living objectively those same problems. If they were to go to another department physically, they would destroy, by their presence, the problem situation they seek to understand. ITV makes it possible to be there and yet not there, creating a common frame of reference without destroying the reference point.

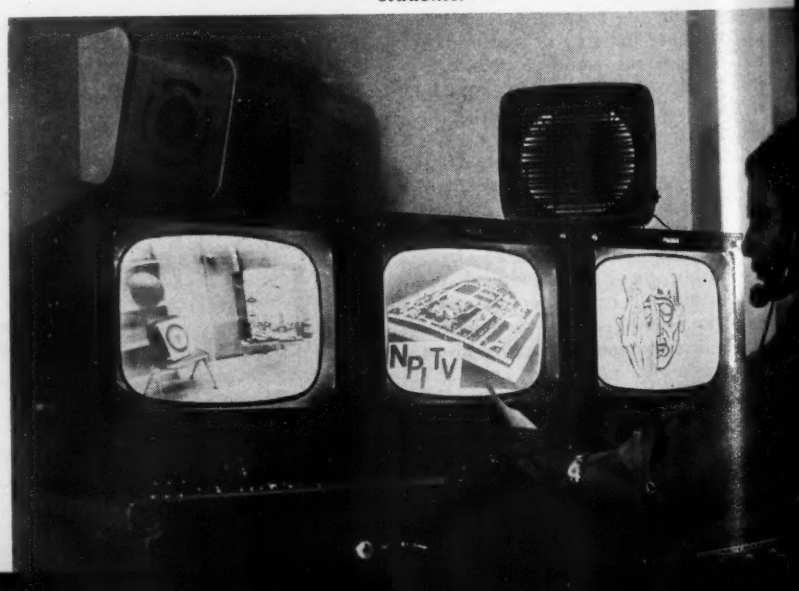
I think one of the most spectacular examples of this type of problem solving took place at Perth Amboy Hospital, New Jersey. A copy of the published report of this project is available for $2.00 from the Center for Human Relations and Community Studies, School of Education, New York University. In an attempt to solve an emergency room problem, a camera was installed in the E.R. and a monitor in the intern's lounge. By watching one another work it was possible for the interns to see objectively the forces that acted upon each of them, but that had not been discernible to any of them while they personally were working on emergency patients. They were able to define a persistent problem in a matter of days, with the help of ITV.

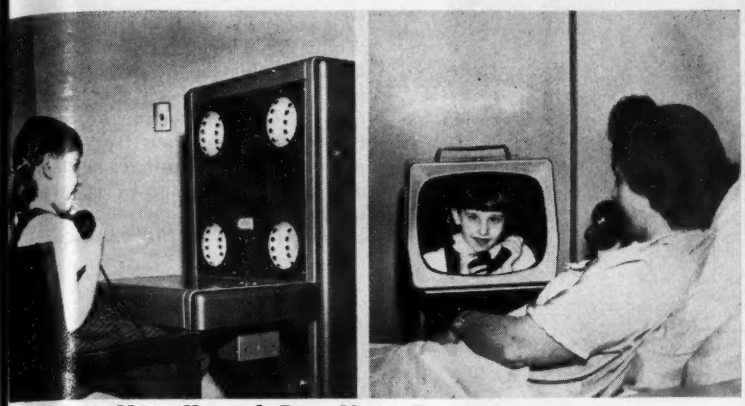
E. *Education and Training*

1. When we think of education and training through TV, we think

A five-pound camera mounted on mobile cart peers through glass window into children's therapy room at the Nebraska Psychiatric Institute in Omaha. The nurse (insert above) charts patient activity on special nursing station monitor.

Several treatment rooms for psychiatric patients can be under observation from the control panel where the most significant treatment can be selected for transmittal to the auditorium for observation by students.

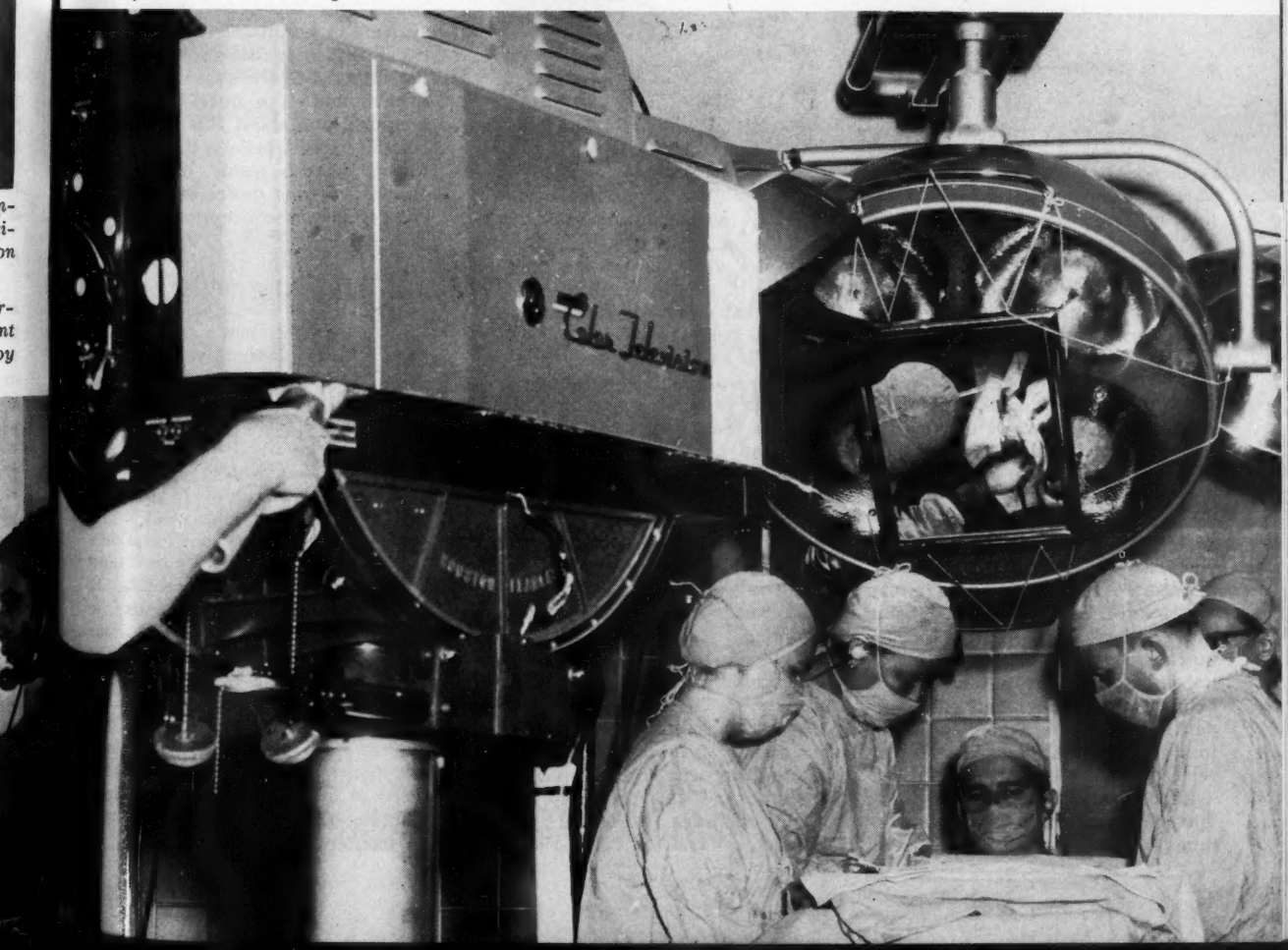




At Bryn Mawr Hospital, Bryn Mawr, Pa., patients may receive "visitors" via television. The visitor's image is transmitted by a TV camera in the lobby over a closed circuit to the patient's room. The two may talk privately over the telephone. Bryn Mawr is also using the camera to telecast special diversional programs to patients.

At the Maxfield X-Ray and Radium Clinic and Hospital in Dallas, Texas, a complete closed-circuit TV system now monitors patients under the huge Cobalt-60 therapy unit. The patient can watch himself on TV on another monitor in the cobalt room, if he desires.

Camera picks up image of surgical field from mirror reflection below the light source in this installation.



This color TV surgical camera at Walter Reed Army Medical Center is installed in the ceiling and is always focused on operating field without distracting or disturbing the operating team. No personnel are required in the operating room for the TV camera which is remotely operated from a control room in the basement.

first of group observation of surgery by color television. "Color," we say, "is the ideal, but much too expensive for our hospital." But groups can observe surgery over black and white high resolution ITV just as well as they can by color TV. It isn't as spectacular, and certainly isn't colorful, but it is just as clear and vivid and can be just as educational. All of us have seen black and white surgical films, and black and white ITV is very similar. It may not be as lifelike as color TV, but it is within every hospital's budget.

2. Nurse and Attendant Training is a natural for ITV, and probably the greatest single reason for acquiring a camera chain. With ITV, an entire class can be taken to the bedside of a patient and each student can follow every move of the instructor. Actual cases can be correlated with course material.

Impco Inc. of New Milford, N. J., (pioneers in the use of ITV in hospitals) combines all components of the ITV system on a portable cabinet (price about $2,500.00) that can be rolled anywhere in the hospital, usable, of course, for any purpose, but meant especially for training of hospital personnel.

3. ITV can be very useful in patient instruction. A large Eastern Catholic hospital is combining ITV with a master antenna system so they can broadcast menus, instructional programs in infant care, handicrafts, and home adjustments, as well as religious programs, from a room in the hospital, directly to the patient rooms. The programs will be received on standard TV sets, tuned to an otherwise vacant channel.

4. Good public and community orientation programs can be planned around an ITV system. Community organizations can have interesting programs and cases without disrupting normal hospital procedures. Volunteers can be trained before their exposure to actual patient contact.

5. How many times have hospital administrators wished that their Boards could actually see a problem situation. With ITV and proper scheduling of board meetings, the administrator could show the board a different problem every meeting or a different department, all without disturbing the situation being investigated. How could a better way be found to orient our boards to remote, or personality problems in the hospital; problems they must understand to want solved.

What Causes The Hesitation?

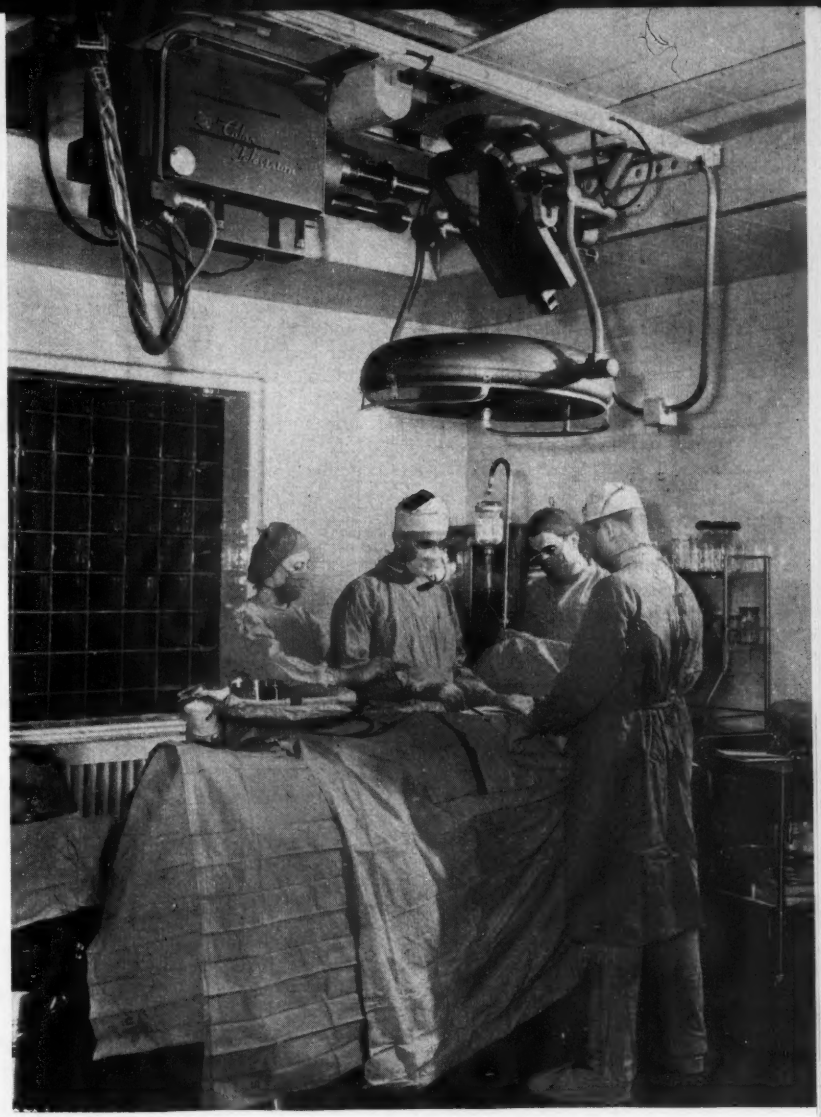
I have been asked, "If ITV is so useful as all that, to the administrator, why are there so few ITV systems in hospitals? Again, I must insist that it is because of misunderstanding. In the past few months I have talked to many a hospital administrator about this misunderstanding, and I believe that once he knows what is meant by ITV, he still is suffering under eight different popular misconceptions about it. These are:

A. That it is too costly for routine operations.

Direct savings will usually offset its cost in less than a year.

B. That it is costly to install and maintain.

Installation requires a 110-volt base outlet, and whatever mounting brackets are required to put the equipment where you want it. A one-year service contract for a simple camera chain will cost about $120.00 per year; representing 12 service calls (one per month) to clean, adjust, and replace minor parts. This does not include the cost of replaced parts after the original one year warranty, but the only things that ever wear out are the camera tubes ($230.00) and monitor picture tubes ($45.00) every three to five years. The other segments of the system cause virtually no trouble whatsoever.



This color TV camera at Walter Reed Army Medical Center is always focused on operating field by means of a mirror used in combination with a special ceiling light, which has a hole in the center. Mirror movement and lens switching are remotely operated from the basement control room.

C. That it is highly technical equipment that requires repairs to be made only at the factory.

Any local TV repairman can do the work.

D. That the equipment requires a technician to operate it.

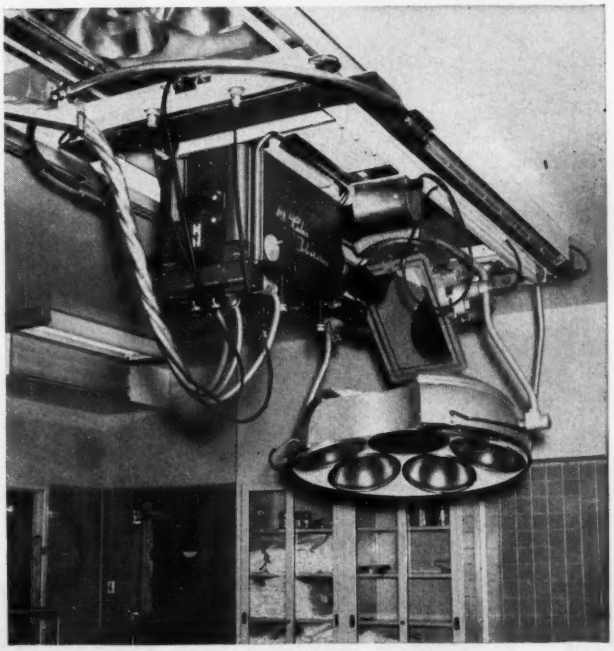
Any adult can operate it (after its installation adjustment) with about a half hour of training.

E. That the equipment is still largely experimental.

Nothing could be farther from the truth. It has been more than ten years since the first practical use of ITV, years of tremendous progress, and it is now a mature electronic development.

F. That the equipment is not stable or dependable.

A good quality system, after its initial adjustment, will run dependably for years with repairs.



Ceiling-mounted camera at Walter Reed Army Medical Center can be swung through full 360 degrees. Travel in north-south and east-west direction controlled by wall switches.

G. That the price will soon go down.

It is not very likely that a good system will ever be any cheaper than it is right now; at least not until every housewife uses one to see who is at the front door. Then volume would bring the costs down, but not as much as most people think.

H. That personnel will fight the use of ITV because they fear it and resent being watched.

Like a surgeon's blade, ITV can be a dangerous weapon, but also, like a scalpel, it can be a life saving tool. It all depends on the skill of the hands that handle it. We

have used ITV repeatedly with no personnel difficulties whatsoever; besides, people always resent something new that they don't understand. A good administrator daily transfers such resentment to cooperative effort by substituting understanding for apprehension.

Procuring The Equipment

The administrator who has decided to procure ITV equipment will find that it is available for direct purchase, for lease, and on a lease purchase agreement.

The direct purchase plan will of course appeal to the administrator whose hospital can afford the original investment, since this method yields greatest return to the hospital.

The lease plan is most often coupled with a contract for a master antenna system, where patient income from TV rental goes directly to the leasor. The hospital has the benefit of the equipment with no original investment but never owns the equipment.

The lease purchase plan is similar to the lease plan, except that after a certain period of time title to the equipment is conveyed to the hospital.

There are some companies that will only lease their equipment, and some that will deal on a direct purchase basis only. There are many financial organizations that will purchase the equipment from a direct purchase manufacturer and lease it to hospitals. A little looking around should yield the type of a procurement contract necessary to meet any hospital's needs.

The Equipment

There are two general categories of ITV equipment on the market for hospital use. Roughly they can

Students at the College of Dentistry, New York University, save academic time by viewing "piped in" demonstration. A three-way public address system allows students to ask questions of the demonstrators.

A patient at the College of Dentistry, New York University, comes under the watchful eye of a camera during a classroom demonstration. A special lens (shown above head of assistant) allows close-up viewing.

At the School of Dentistry, Loyola University, Chicago, a greatly enlarged image of techniques is provided as the professor uses a monitor to check exactly the view seen by the students.

be divided into low and high resolution systems. Low resolution is generally considered to be anything below 400 lines, and high resolution is normally considered to be anything attaining 550 to 600 lines of horizontal resolution.

Resolution is a measure of clarity and hence of quality, and it is important that the administrator know and be familiar with the meaning of this word. When we say that a TV set produces 600 lines of resolution, we are saying, in effect, that about the ultimate clarity has been achieved (for production line TV), and that the ability to distinguish fine details is at the highest that we can expect to find. Our home TV receivers never show us more than about 300 lines of resolution, but by transmitting over a closed cable, we are able to prevent the clarity loss that occurs through broadcast transmission.

The lower quality ITV systems closely parallel the resolution of a home TV set, and for some work that is good enough. Under natural daylight, on a sunny day, the difference between 350 and 600 line resolution is difficult to determine for the untrained eye; however, under lower light levels, and when attempting to transmit fine details such as a printed page, the difference becomes a contrast rather than a comparison.

Low resolution systems normally cost $1,000.00 to $2,100.00 for a complete camera chain, whereas the high resolution systems cost from $2,200.00 to $6,500.00 per complete chain. Always ascertain the resolution output of a system before you compare prices.

Accessories

No discussion of ITV would be complete without a look at the accessories that make ITV even more versatile. Much can be done with ITV in a simple camera chain, but ITV can be made to sit up and do tricks with the proper combination of housings, lenses, and automatic controls. The accessories are often expensive, but their costs, just like the basic system costs, must be con-

System Design

There are three basic system designs, produced by different companies to meet different situations.

A. The Building Block System consists of a separate:

This system is the most versatile in that the camera control can be at the camera, or at the monitor, or anywhere in between.

B. The Camera Control design consists of a combined camera and camera control, and a separate monitor or monitors:

This system lacks the versatility of the Building Block System, but is more compact for its purpose.

C. The Monitor Control design consists of a camera, and a combined monitor and camera control:

sidered only in relation to the job they do.

A. *Lenses:* The standard ITV camera normally comes equipped with a standard 1-inch, f-1.5 lens. If a wider viewing field is required, you will want a ½-inch, f-1.5 wide angle lens, or in varying telephoto requirements you may want the 2, 3, 4, or 6-inch lenses. If you know which lens you will require when your order is placed, you normally can get any of the lenses without extra charge. If you want two or more lenses (they are a standard 16mm movie camera type, and are interchangeable) you will pay $85.00 to $150.00 each for them.

If you want to use more than one lens continuously, you may want a three or four lens turret, normally available. Some companies furnish this as a standard equipment with their cameras.

B. *Remote Controls:* The lenses just described are equipped with manually operated iris and focus controls. If your requirements dictate that iris and focus be controlled remotely, this additional unit is available for about $550.00.

If your requirements are such that a remotely controlled lens range from wide angle to telephoto, with iris and focus control, is needed, you will want an Auto-zoom lens, normally available for about $1,400.00.

If you really want to go the limit on remote control, you will want a remote pan and tilt control as well as the remote lens controls. This unit turns the camera from side to side and up and down, at the press of a button, for about $500.00.

C. *Monitors:* In many applications, more than one monitor will be required. Monitors are available in 14-, 17-, and 21-inch sizes and by special order in larger sizes. A 14-inch monitor costs from $290.00 to $650.00 according to the perfection of detail available; a 17-inch monitor from $295.00 up and a 21-inch monitor starts at about $340.00. The size of monitor that is best depends upon the number of viewers and their distance from its screen. The choice should be made on the basis of the eye angle that provides best working conditions.

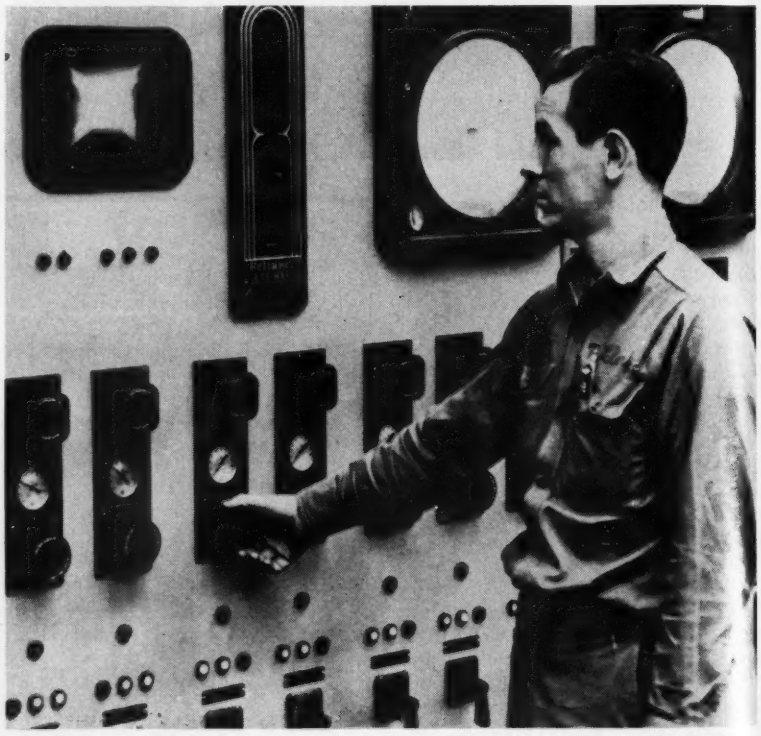
D. *Housings:* If your needs require the ITV camera to be used continuously outside the hospital, where it will be exposed to the elements, you will want to have a weather-proof housing for it. These are available from about $350.00 to $550.00 and may include heating and cooling and windshield wipers and washers like your car.

If your camera is going to be used in explosive atmospheres, you will want the protection afforded by an explosion resistant housing. For $350.00 you can buy a housing designed in accordance with Underwriters Class 1, Group D requirements.

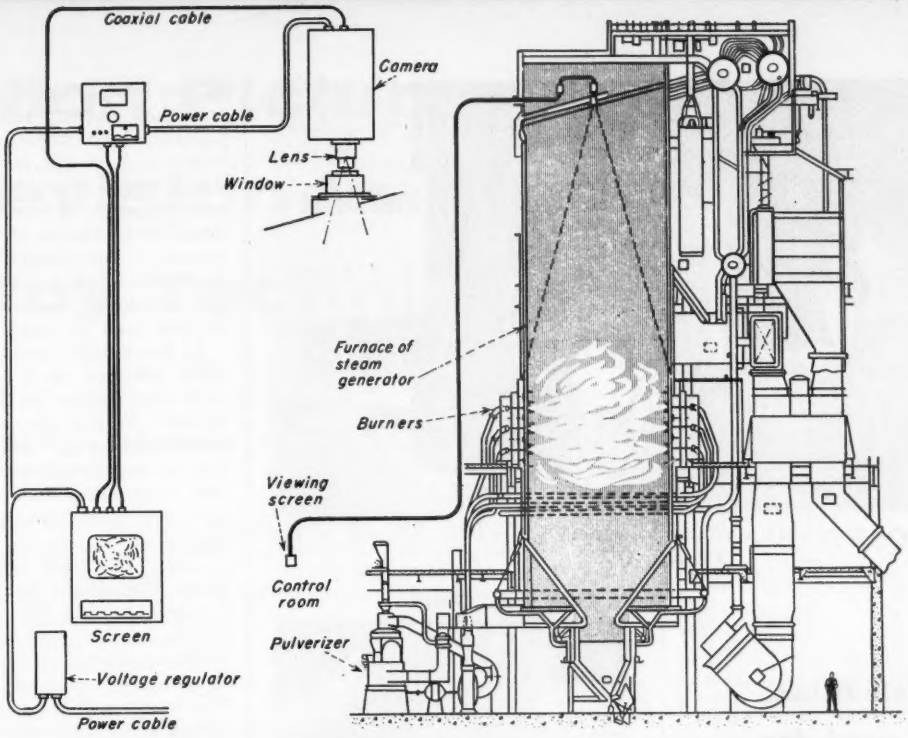
E. *Other Accessories:* There are many other accessories that can be purchased to add to the usefulness of ITV equipment. They include all types of cable for transmission underground or in radioactive fields; modulators for changing the video signal into a radio frequency (RF) signal so that it can be transmitted through a master antenna system and picked up on a standard TV receiver; distribution amplifiers to boost the signal for long distance transmission; tripods; dollys; lens filters; and shades; and many other items useful or necessary in specific installations. The advice of the manufacturer's representative should be followed on the purchase of these items, since each installation must be evaluated individually. ■

TV for Observation of Furnace Interior

■ THE OPERATOR in the central control room views interior of boiler-furnace during lighting off periods and throughout normal operation to SEE instantly any loss of ignition and to have visual indication of firing conditions. The camera is located on the roof of tangentially



Operator watches monitor screen in steam generator panel to check flame conditions.

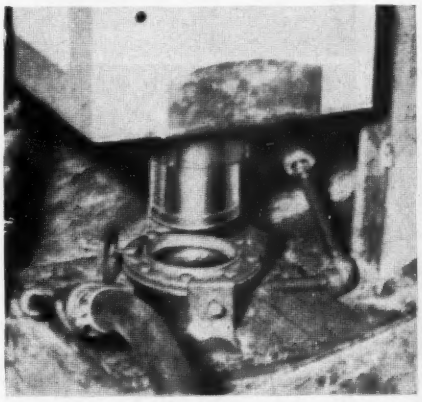


Diagrammatic sketch showing camera location and closed-circuit TV system.

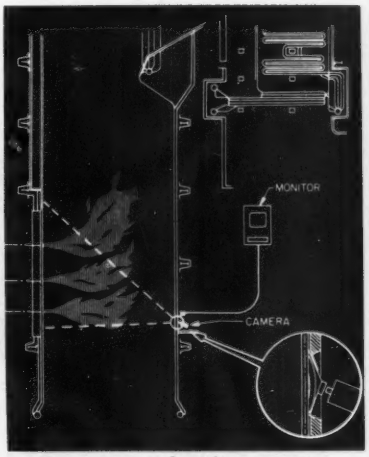
fired furnace and is approximately 200 feet from the monitor which is a part of the steam generator panel in the central control room.

The advantages:

1. Loss of ignition shown instantaneously.
2. Reduction of operating costs.
3. Helpful in improving operating procedures.
4. Brings greater realism to centralized control.
5. Provides preventive information that lessens possibility of explosion.
6. Educational value for training purposes.

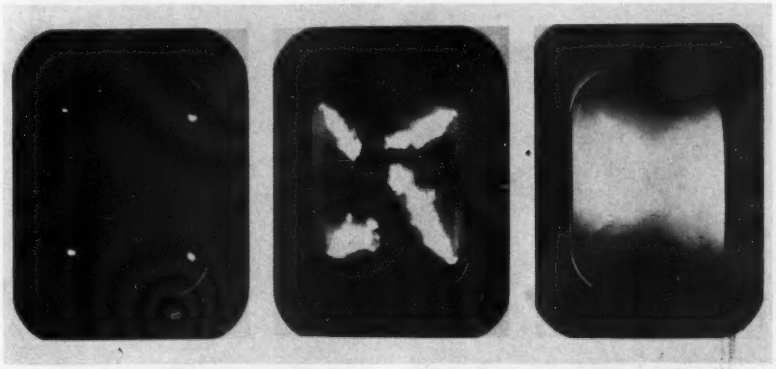


Air-cooled window protects camera lens from intense heat of boiler furnace.



Camera watches from corner.

Flame patterns on monitor screen tell story to operator.



Lighted ignition torches show as four white dots at screen corners.

All four light-oil burners are now ignited.

Showing satisfactory flame with pulverized coal or other fuel.

The equipment was made available at Benjamin Franklin Hospital by the Trudeau Guild.

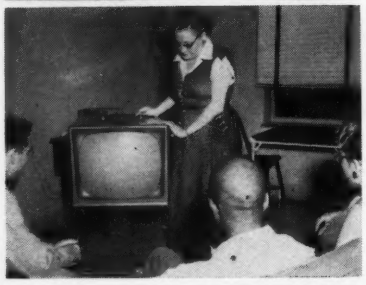
Television is used for therapy and for entertainment

In Milwaukee, Wisconsin

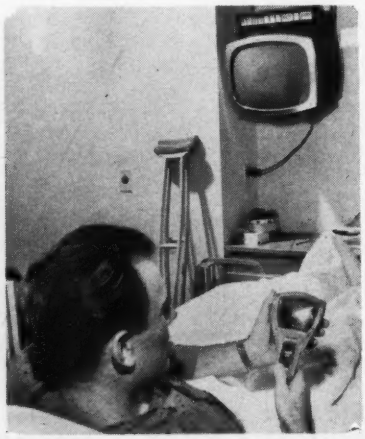
Father John McMullen, chaplain of Misericordia Hospital being interviewed, during dedication ceremonies, in room where master control console is located.

Sister Marie du Sourire of Misericordia Hospital shows young patient how to operate pillow speaker.

In Columbus, Ohio



Television receivers are available for ambulatory patients as well as for those confined to their bed.



A patient at Misericordia Hospital adjusts speaker.

■ THE Jean Talon Hospital in Montreal has recently installed an apparatus which combines x-ray, television and motion pictures to produce high quality results which were undreamed of ten years ago. The installation consists of two adjoining rooms — one examining room for the patient and a control room for the radiologist. The suite is similar to that used in x-ray therapy.

In the patient room is an x-ray table mounted on a rotating stand with a diameter of 2 meters (63 inches). Above the table is suspended an x-ray tube which operates in conjunction with a compression cone automatically set to prevent excessive compression of the patient.

Under the table are two 5-inch image intensifiers, one for use with a television and the other with a motion picture camera. With the latter apparatus, it is now possible to produce x-ray motion pictures. This technique is called *cineradiography*. All are operated by remote control.

The control room contains a standard x-ray control desk and generator, a television monitor screen for the TV camera and a control box for the table and all the apparatus connected with it.

A leaded window permits the radiologist and the patient to observe each other during the examination. An intercommunication system permits them to converse freely.

Although it seems fantastic, the radiologist can conduct a fluoroscopy of the gastrointestinal tract by remote control. The table top moves longitudinally and transversely. It also rotates from the vertical via the horizontal to the Trendelenburg position for a total distance of 180°.

The installation is the brainchild of two Montreal radiologists, Dr. Albert Jutras and Dr. Guy Duckett. It was built by the Phillips Company of Eindhoven, Netherlands.

Although the new installation can be applied to almost any kind of x-ray examination, it works best with examinations which use contrast media.

Patient Safety

Doctor Duckett who is radiologist at Jean Talon is enthusiastic about his new apparatus. It has a higher degree of patient safety and has eliminated much of the apprehension that a patient formerly experienced with the old fashioned techniques of fluoroscopy in a dark

Motion Pictures and Television Improve X-Ray Techniques

by Charles U. Letourneau, M.D.

room. Lying or standing on the x-ray table in stygian blackness with perhaps only a single red lamp, the tense patient was inclined to move slowly, listen poorly and interpret instructions wrongly. This was often the fault of the radiologist or his assistant who either hissed or mumbled instructions in the dark.

The radiation dose given to the patient is decreased considerably by using the five-inch image intensifier. An average patient can now be examined in full daylight at 90 kV and ½ mA with a much shorter screening time in broad daylight. Doctor Duckett suggests that this dose might even be reduced, if it were necessary, by working in dimmed light.

Because of the brightness and quality of the image, the duration of the entire examination can be shortened considerably. It is possible to examine as many as 60 patients per day with the new technique.

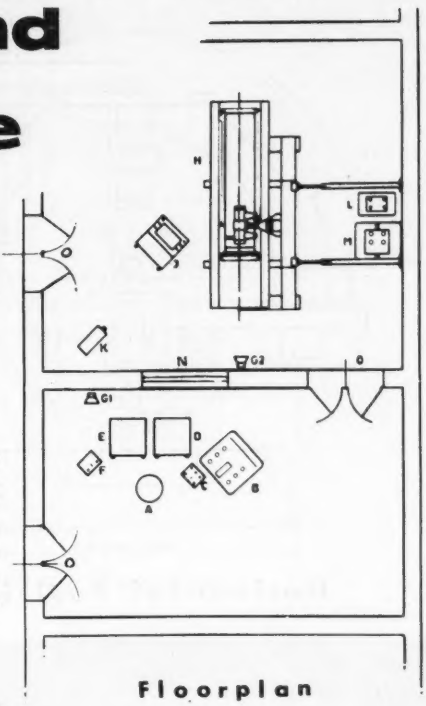
The improved detail-perceptibility permits the radiologist to obtain complete information in a short time. In the old days he was obliged to take "still" shots of aspects which appeared important. The number of exposures were limited because of the danger of excess radiation of the patient. Phenomena which occurred rapidly and fleetingly were frequently missed in the "stills". The radiologist had to depend on his recollection of what he saw in his fluoroscopic examination of the patient. Today the radiologist worries not a bit about his memory. Whenever he observes action worth recording, he simply shifts the table to the motion picture camera and records the movement as necessary.

Doctor Duckett's installation also provides a television screen in the examining room so that the patient can observe his own examination if he is so minded. There is also a television camera which observes the patient himself and the room. This image is picked up on a TV monitor in the control room. It is reported that apprehension of the x-ray patients has given way to interest — even curiosity. Cooperation is now excellent.

Protection of Radiologist

The advantages to the radiologist are obvious. The new equipment is safer for him too. He can now dispense with the heavy lead-rubber gloves and apron that used to limit his efficiency. He can now work in broad daylight and need no longer spend 30 minutes accommodating his eyesight to work in darkness. He can now leave his darkroom without wearing red goggles and listening to bad jokes about spaceman and Buck Rogers. Most practical is the superior quality of the image and the reduced probability of making mistakes in diagnosis. The observing radiologist has a wide choice of position in most techniques and is able to vary the contrast of the image.

Although the apparatus works well with low and medium contrast objects, it works best with high contrast in such examinations as the gastro-intestinal tract, bronchoscopy, pyelography and salpingog-



Floorplan

A. Radiologist
B. Standard x-ray control desk
C. X-ray table control operating box
D. TV monitor fluoroscopy
E. TV monitor general view treatment room
F. Intercom switch box
G1. Intercom loudspeaker control-room
G2. Intercom loudspeaker treatment room
H. X-ray table
J. TV monitor fluoroscope for assistant
K. TV camera for general view of treatment room
L. Smoothing device
M. Generator
N. Lead glass window
O. Lead doors

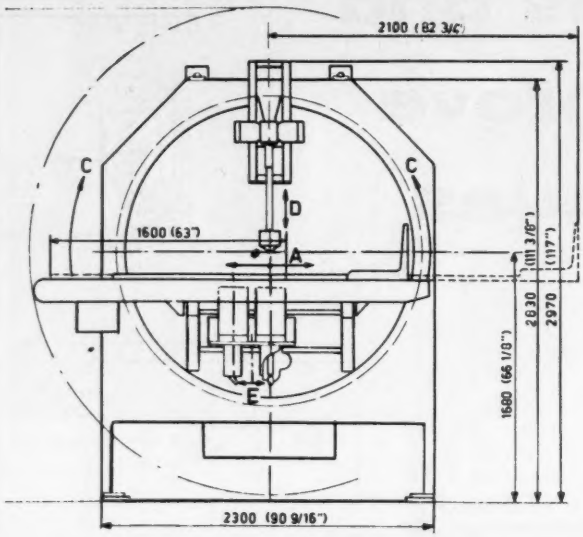
Televising An Operation

So long as sterile, surgical technique is not sacrificed, inconvenience to the staff is secondary in televising an operation.

In NURSING OUTLOOK, August 1958, pp. 438-441, there is an article on this subject by Mary K. Vickery, supervisor of the operating rooms at the University of California Medical Center. She writes: "Many problems are involved in the production of these programs. From our experience with the programs televised at the University of California Medical Center, for the American College of Surgeons Meeting in 1956 and for postgraduate surgical courses, we have found that they fall into two main categories: problems of program planning and problems that arise during the actual televising."

This article describes the early program planning, the immediate program planning and the problems involved.

Diagrams X-Ray Table



Horizontal Position

A. Tabletop traverses lengthwise through 2 x 50 cm

B. Lateral movement of tabletop 2 x 15 cm

C. Tabletop with two image intensifiers with TV and motion picture cameras and tube with compression device rotates through 180° from vertical position

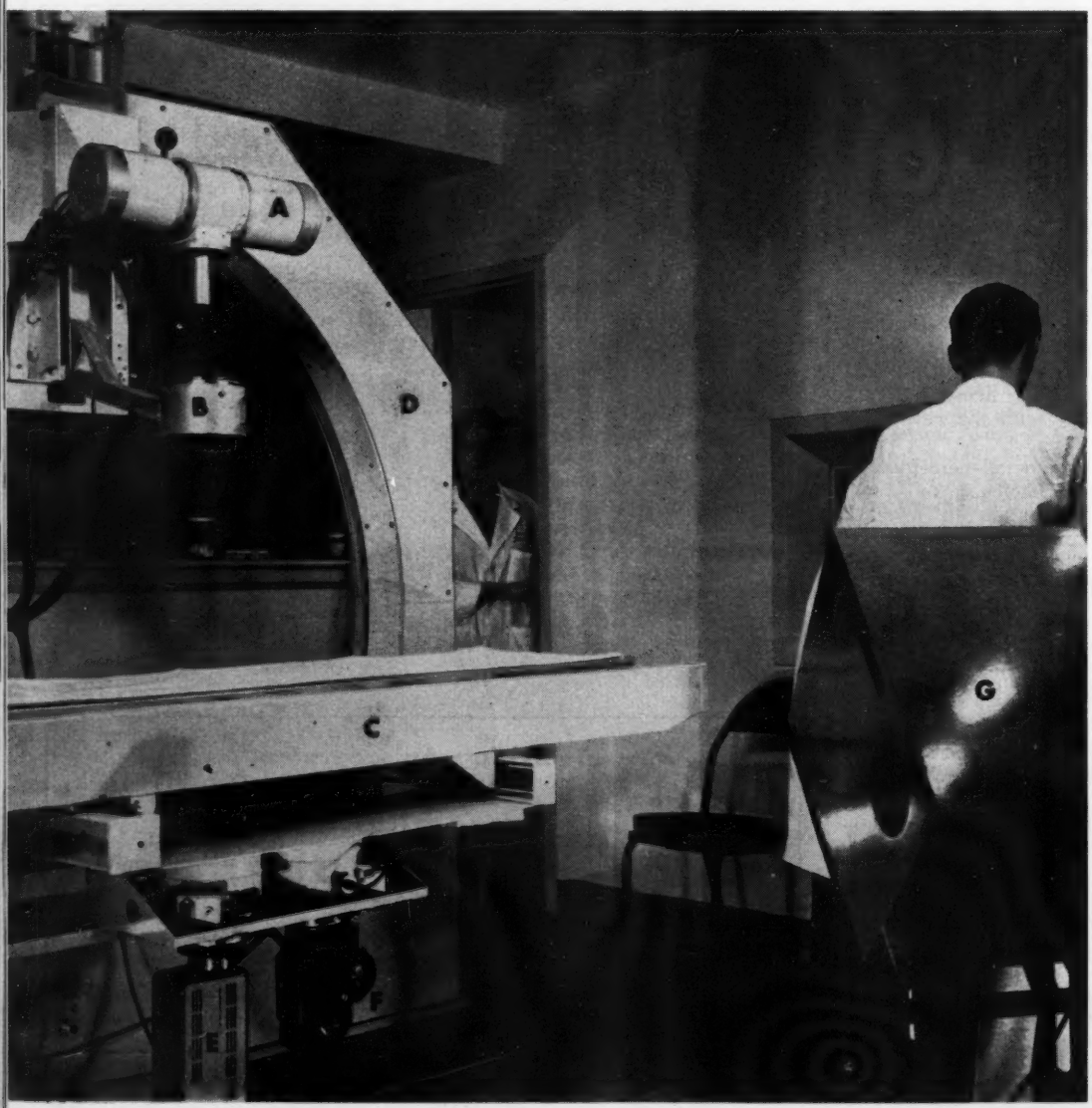
D. Displacement of compression device 50 cm

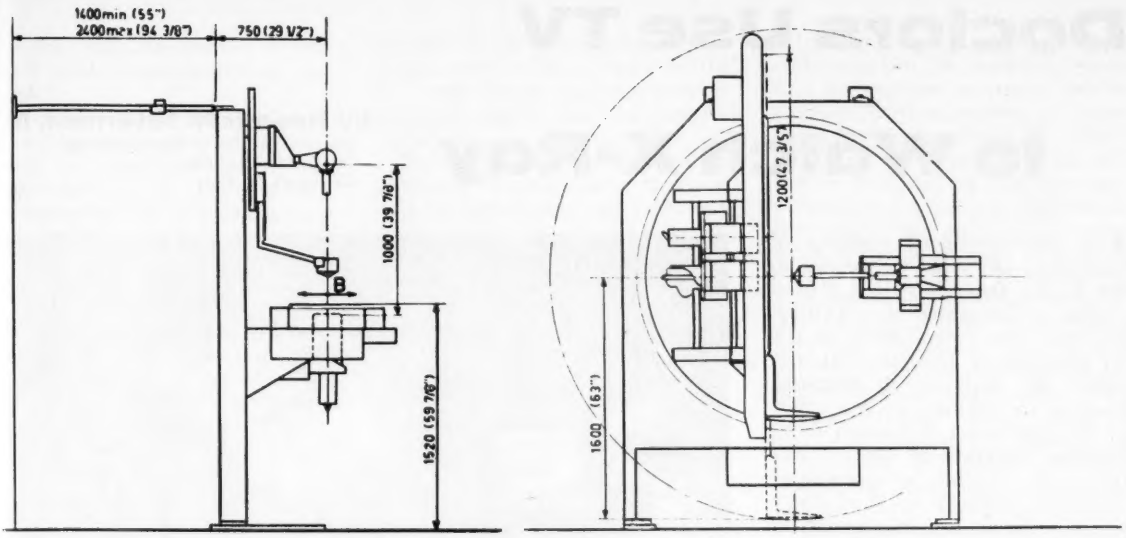
E. Alternative positioning of either image intensifier with TV camera or image intensifier with motion picture camera

All movements are remote-controlled.

Table in horizontal position.

A. Tube; B. Compression device; C. Tabletop; D. Circular frame; E. TV camera; F. Motion pic ure camera; G. Patient's monitor set.





End View **Vertical Position**

raphy. It is also in use for heart catheterization studies. Experiments are being made with the installation to check the proper position of a patient undergoing certain types of deep x-ray therapy.

Teaching

Apart from routine work of x-ray examination, the new installation has some remarkable applications for teaching. Several television receptors can be attached to the original camera by means of a cable so as to achieve a closed-circuit reproduction in several locations simultaneously. More than this, however, an examination conducted in Doctor Duckett's department in the Jean Talon Hospital was beamed successfully a distance of five miles to the auditorium of the Hotel Dieu Hospital in Montreal, where an audience composed mostly of radiologists expressed satisfaction with the clarity of the image.

The records of these examinations may complicate medical records storage problems which already exist in hospitals. This problem has been foreseen. A special film processing machine develops, fixes and dries films in nine minutes. It takes the radiologist a few more minutes to put the film strip into a projector for demonstration to a group of physicians.

Doctor Jutras who is also on the faculty of the University of Montreal, foresees the day when radiological consultations for sparsely populated areas can be conducted by television instead of the present questions and answers over the radio which are already common practice in Canada.*

This is the first installation of its kind in the world. It is in daily use and functions to the entire satisfaction of the radiologists who conceived the idea. It will not be the last. Hospital management must prepare to cope with the problems that it will create and take advantage of the benefits that it will bring. ■

*See Gershon-Cohen, Telephone Facsimile, HOSPITAL MANAGEMENT, May 1957, p. 58

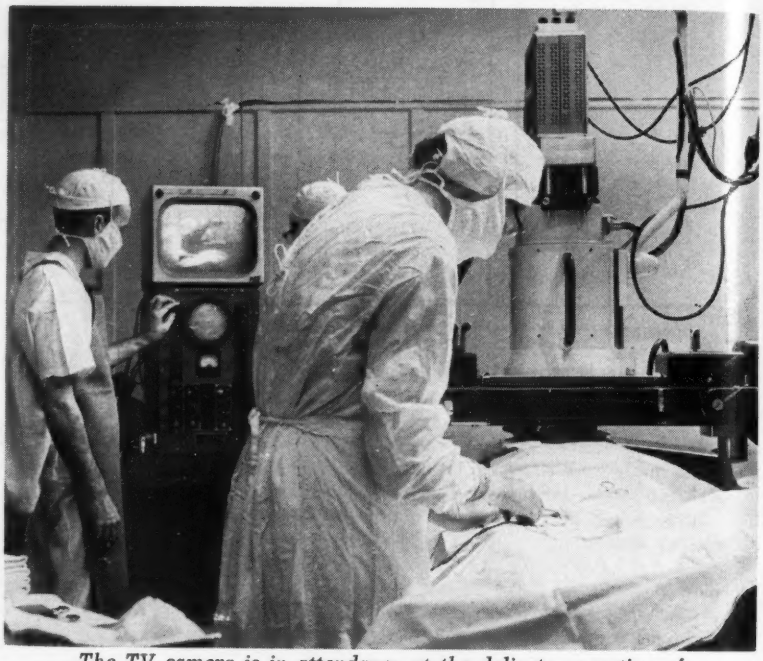
With right hand on x-ray table control operating box, Dr. Duckett examines fluoroscope (right) and general view of his patient on left screen.

Doctors Use TV to Watch X-Ray

by Frederic N. Silverman, M.D.
Director, Division of Roentgenology
The Children's Hospital
Cincinnati 29, Ohio

■ AT THE CHILDREN'S HOSPITAL of Cincinnati, any child who comes to the X-Ray Department has a good chance of appearing on television. However, this "appearance" is not for purposes of entertainment, but rather for purposes of diagnosis, teaching or research. It is a result of the application of modern technological advances to the art and science of medicine; an example of dynamic medical methodology which seeks to exploit progress in non-medical fields for the advantage of physicians and their patients.

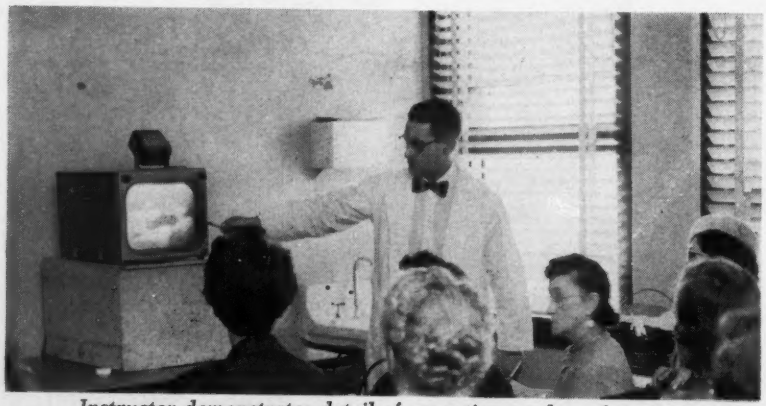
The use of television as practiced in the Children's Hospital is neither unique nor original. It developed as a natural consequence of an active cardiac service which was able to offer modern technics of open cardiac surgery to children with, up to recent years, inoperable congenital cardiac malformations. Exact pre-operative diagnosis required cardiac catheterization and/or angiocardiography. Both procedures involved significant but unavoidable radiation for patients as well as physicians. The recent availability of image intensification apparatus offered a gratifying reduction in the amount of radiation while making possible the extremely valuable technic of cine-angiocardiography. Moreover, catheterization procedures now became possible in normal room illumination rather than in the Stygian darkness of the usual fluoroscopic room. The patient could be under continuous observation, a feature which, even if it did not appreciably increase the safety of the procedure, at least was reassuring to the responsible physicians and tended to alleviate some of the anxiety which always surrounds potentially hazardous diagnostic procedures.



The TV camera is in attendance at the delicate operation of heart catheterization.

However, certain new inadequacies developed when the image intensifier was put to use. The optical system was such that only one or two persons at the most could observe the irradiated field. The physician manipulating the catheter had to be guided by the descriptions of the radiologist with respect to the position and configuration of the catheter within the heart. The thousand words required to describe each picture were unsatisfactory to all concerned even with an articulate radiologist. Some method had to be devised to permit a larger audience to share the radiologist's vista. Television was the answer.

A relatively inexpensive commercial television camera was obtained and arranged so that it could be substituted in a matter of minutes for the relatively permanently mounted motion picture camera. A wide aperture lens (f 0.95) was used and the image obtained was carried to a conveniently placed television monitor. Without any increase in the amount of radiation, a clear enlarged image of the area under examination was visible to



Instructor demonstrates detail of operation to class observing TV screen.

all in the room. The problem of controlled cardiac catheterization was solved.

But now another problem arose. Apart from the interest of the procedure for physicians other than those directly engaged in the studies, the responsibilities of teaching residents led to a tendency to crowd the examining room. One television viewing screen was inadequate for the number of people who wanted or needed to view the procedure. It was natural to think of adding on additional viewers, connected by coaxial cable to the working monitor. The rugged monitor units are not inexpensive; also they carry only a video signal and have no facilities for sound. Teaching requires the spoken word to augment the visual image, and can be even more effective if two-way communication can be assured. If only standard TV sets could be used!

Fortunately for us, just at this time, a friend of the hospital had made provisions for the installation of a television aerial system throughout the hospital for use by the children in getting better reception from hospital owned or personal television sets. It was a relatively simple matter to arrange for extra connections going to the several conference rooms and for another line to go from the fluoroscopic room into one of the channels not in use for commercial television in this community. An audio-video mixer in the department converted the signal coming from the television camera into one which could be picked up by standard television receivers. A microphone permitted simultaneous transmission of the examiner's voice from the fluoroscopic room to the antenna on the roof, and then to any television set properly tuned for the specific channel.

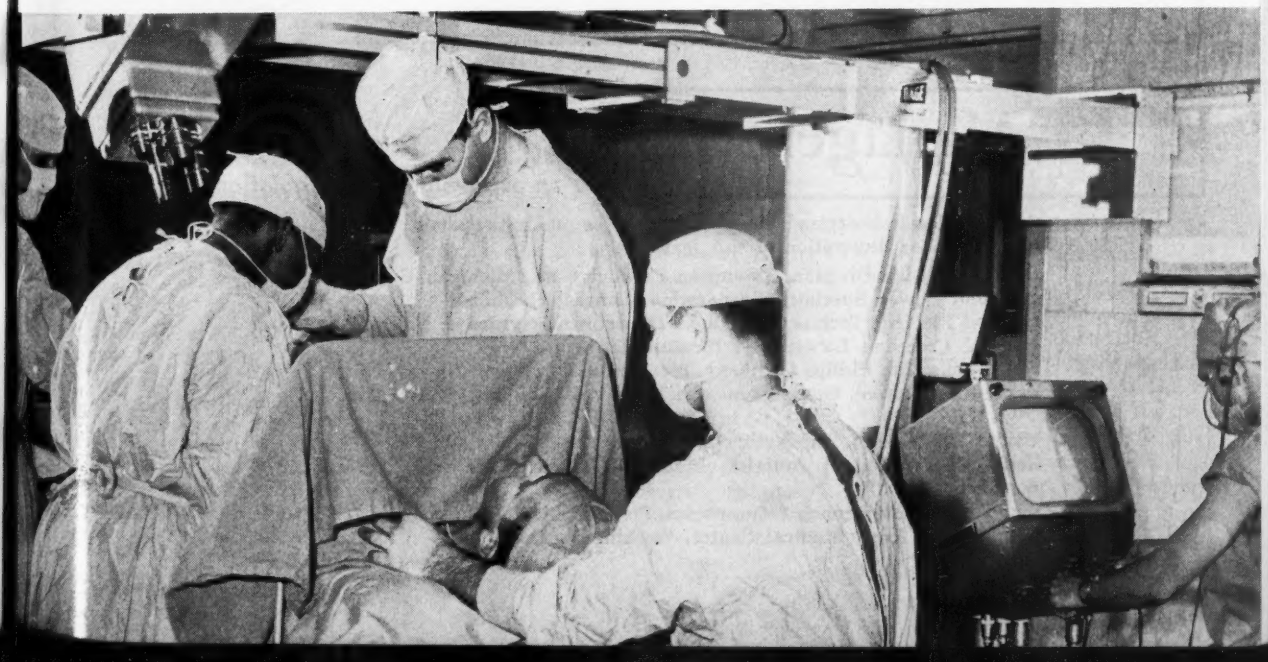
The facts that the channel is ordinarily unused, that a "picture" is transmitted only intermittently whenever the x-ray tube is energized (perhaps a total of 12 minutes of intermittent flashes in 1½ to 2 hours), that the shadows are unintelligible even to physicians unfamiliar with fluoroscopic anatomy, and that verbal descriptions are couched in strict medical terminology—all these facts have added to our security about any parent or child inadvertently tuning in on our "broadcasts." We also rely on the, for this purpose acceptable, competition of commercial television programs to limit our audience to those professional colleagues for whom it is transmitted.

On two occasions, a second television camera was set up to monitor the actual scene of the procedure. A switch allowed the radiologist to change at will from this camera to that over the image intensifier. In this way, a large group of public health nurses was able to "observe" a cardiac catheterization from a classroom on another floor and to observe the passage of the catheter into the several cardiac chambers even as the examiners observed it, while the examiners were unaffected by an audience. Development of dual camera mounts has made it relatively easy to shift from a television viewing camera to a recording movie camera.

The use of the image intensifier is not restricted to cardiac studies. Advantage is taken of the 10 to 50 fold reduction in radiation exposure to perform as many routine fluoroscopic examinations as possible with this apparatus. The availability of the closed television circuit is exploited in demonstrating instructive findings to residents in the fluoroscopic room or in other areas of the department or hospital during the actual examinations. Moreover, when physicians in training are conducting examinations with the equipment, consultations with senior members of the department are immediately available. We anticipate further demonstrations of pertinent fluoroscopic findings at teaching and staff conferences. The addition of monitoring facilities for surgical procedures would be relatively simple, but this use of television constitutes a separate application not pertinent to this discussion.

We do not mean to imply that the television screen has replaced the standard fluoroscopic screen. The televised image is generally less distinct than a directly viewed fluorescent image; fine detail still requires direct viewing of the optical system or even a return to standard fluoroscopy after an appropriate period of dark adaptation. However, improvement of detail can be anticipated and the convenience and low radiation rates associated with the electronic accessories are strong indications that television technics are here to stay, at least for certain special types of procedures. ■

A portable color TV camera is in use at the United States Naval Hospital, Bethesda, Maryland.



Alphabetical Listing of Some ITV Manufacturers

	SYSTEM DESIGN	RESOLUTION
BLONDER-TONGUE LABORATORIES, INC. 9 Alling Street, Newark 2, New Jersey	Building Block	600 line
DAGE TELEVISION DIVISION Thompson Products, Inc. West 10th St., Michigan City, Ind.	Camera Control or Building Block	350 lines or 600 lines
DIAMOND POWER SPECIALTY CORP. Lancaster, Ohio	Building Block	500-600 lines
DUMONT TECHNICAL PRODUCTS DIV. 760 Bloomfield Ave., Clifton, N.J.	Monitor Control or Building Block	Unknown Unknown
GENERAL ELECTRIC CO. Electronics Park, Syracuse, N.Y.	Monitor Control or Building Block	500-600 lines
GENERAL PRECISION LABORATORY, INC. Pleasantville, N.Y.	Building Block	500 lines
INTERNATIONAL TELEPHONE & TELEGRAPH Corp., 15191 Bledsoe Street, San Fernando, California	Building Block	600 lines
KIN TEL, 5725 Kearney Villa Road, San Diego 12, California	Monitor Control	600 lines
PHILCO CORPORATION Government & Industrial Div. 4700 Wissahickon Ave., Phila. 44, Pa.	Building Block	600 lines
RADIO CORPORATION OF AMERICA Industrial Television Division Camden 2, N.J.	Monitor Conrol	550-600 lines

HOSPITAL Management . . . an expression of appreciation

Appreciation is expressed to the following for making available copy, photographs, and plates for illustration of this feature.

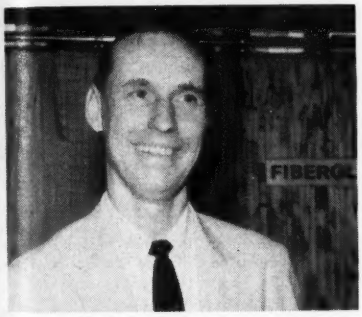
Dage Television Division, Thompson Products, Inc., Michigan City, Indiana
Diamond Power Specialty Corporation, Lancaster, Ohio
General Electric, Technical Products Department, Syracuse, New York
General Precision Laboratory, Pleasantville, New York
North American Philips Company, Inc., Medical Division, New York 19, New York
Philco Corporation, Government and Industrial Division, Philadelphia 44, Pennsylvania
Philips-Eindhovern, The Netherlands
Radio Corporation of America, Industrial Television Division, Camden 2, New Jersey
Smith, Kline and French Laboratories, Philadelphia 1, Pennsylvania
Walter Reed Army Medical Center, Washington, D.C.

Roving Reporter on the Floor
Annual Convention

Mr. Ronald Jydstrup, Blue Cross, Fargo, North Dakota.

Ray Gross of the A. S. Aloe Company.

L to r: the William Hamricks, Methodist Hospital, San Antonio, Texas and Brooks Army Medical Center.



Park Richards, Hoffman-LaRoche Co.

Professor Eugenie Stewart, University of Toronto.

L to r: Dr. Gama da Silva, Rio de Janiero, Brazil and Dr. Charles U. Letourneau.

Dr. E. M. Bluestone.

L to r: Robert Jones, administrator, Waukesha Memorial Hospital, Waukesha, Wisconsin and David Stickney, Bauer and Black.

Quotes from the Convention

Dr. Ray E. Brown, superintendent of the University of Chicago Clinics, Chicago: *"The basis for administration is the fact that human behavior is altered, and if we as administrators hope to improve the progression of administration, we must apply the knowledge that has been learned about human behavior."*

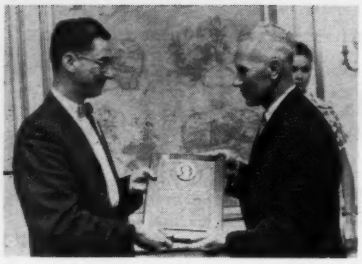
Maurice H. Stans, director of the Bureau of the Budget, Washington, D. C. *"Just as society must be responsible, so must be the government which represents and serves it. Government must be able to judge the climate and the timing of its actions in relation to its total responsibility, and adjust quickly in response to change."*

"Voluntary hospitals must remain community organizations controlled by the public. Hospital trustees and we must resist to the utmost the efforts of any single segment of our society . . . . . of gaining direct or indirect control of our voluntary hospitals, neither should we permit government to assume control of any portion of the inherent rights that belong to the free and independent system of active enterprize that has brought us so far so fast." Tol Terrell out going president of the A.H.A.

George Bugbee, president, Health Information Foundation, *"The challenge of administration is pressing for all of us. This is no simple mechanistic job. Rather, it implies a most intimate interweaving of complex techniques, which can only be effective as the entire organization operates with understanding and compassion."*

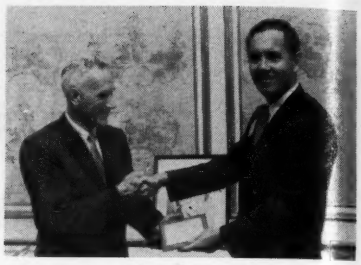
"For long time success, the best administrators are those who have socially justifiable purpose and who enlist loyalty to them by provocatively creative appeals to the groups involved in getting the purposes realized." Ordway Tead, vice president, Harper and Brothers, New York City.

Please turn to page 60



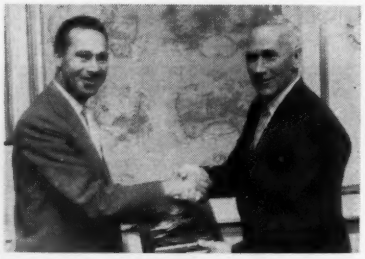
L to r: Mortimer W. Zimmerman, director, The Weiss Memorial Hospital, Chicago accepts bronze plaque for public relations program for Paul Clissold, publisher of HM.

L to r: Virginia Mickel, public relations director, Decatur & Macon County Hospital Association, Decatur, Ill., accepts bronze plaque for annual report from Mr. Clissold.



L to r: Mr. Clissold presents honorable mention to Don Newkirk, assistant administrator, Memorial Hospital of Sandusky County, Fremont, Ohio for public relations.

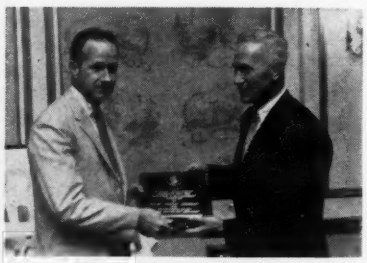
Presentation of



L to r: Mark Berke, director, Mount Zion Hospital, San Francisco receives bronze plaque for public relations entry from Mr. Clissold.

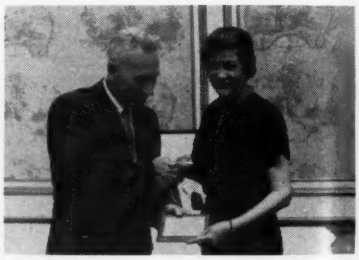
L to r: Mr. Clissold presents bronze plaque to J. N. Robertson, public relations director, The Vancouver General Hospital, Vancouver, B.C. for annual report.

L to r: Paul Clissold awards honorable plaque to Emily Withrow Stebbins, public relations director, Evanston Hospital Association, Evanston, Ill. for public relations.



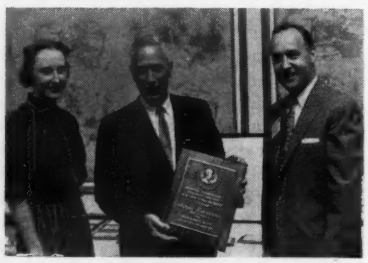
L to r: Max Elder, public relations director, Miami Valley Hospital, Dayton, Ohio accepts bronze plaque for public relations program from Paul Clissold.

L to r: Mr. Clissold awards to Arthur L. Bailey, administrator, Orange Memorial Hospital, Orlando, Florida for hospital bulletins.



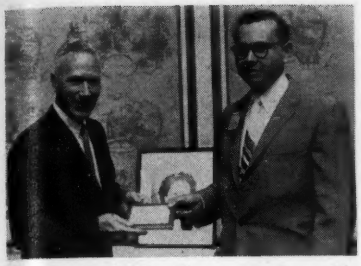
L to r: Paul Clissold presents honorable mention plaques to Janie Lott, public relations director, Birmingham Baptist Hospital, Alabama for its two entries, the public relations and hospital bulletins.

L to r: Sylvia Papier, public relations director, The Somerset Hospital, Somerville, New Jersey accepts bronze plaque for annual report. This hospital also received an honorable mention for its public relations program from Mr. Clissold.



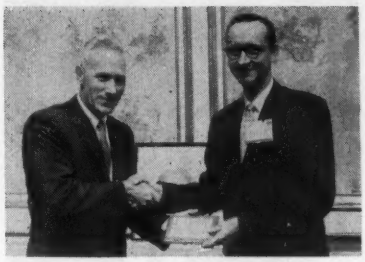
L to r: Carol Riley, public relations director, Paul Clissold and James I. McGuire, administrator, The Western Pennsylvania Hospital, Pittsburgh with bronze plaque awarded for hospital bulletins.

L to r: Mr. Clissold awards honorable mention to Neola Northam, public relations director, Children's Memorial Hospital, Chicago for public relations program.



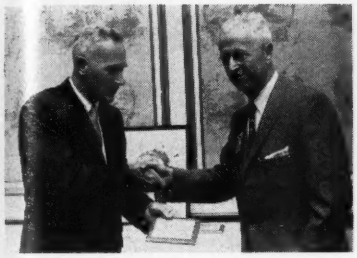
L to R: Paul Clissold presents honorable mention for public relations program to Chester Stocks, assistant administrator, Baylor University Hospital, Dallas.

L to r: Mr. Clissold awards honorable mention for annual report entry to H. P. J. Gunn, administrator, Children's Hospital, Vancouver, B.C.

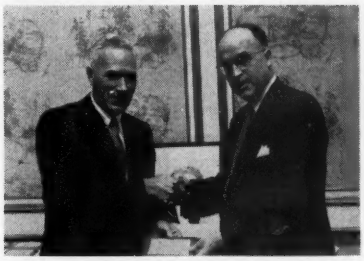


L to r: Mr. Clissold awards honorable mention to Dr. Crafford Vermillion, Barnes Hospital, St. Louis for annual report entry.

Competition Awards

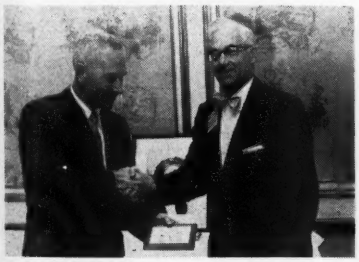


L to r: Paul Clissold awards honorable mention to H. F. Hancox, administrator, John C. Lincoln Hospital, Sunnyslope, Arizona for hospital bulletin entry.

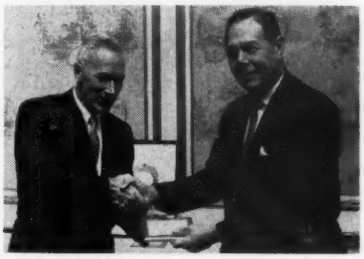


L to r: Paul Clissold awards honorable mention to F. J. McCarthy, administrator, MacNeal Memorial Hospital, Berwyn, Ill., for annual report entry.

L to r: Mr. Clissold presents portrait to Mrs. Irene McCabe, public relations director, Group Hospital Service, Inc., St. Louis.



L to r: Mr. Clissold presents honorable mention to Dr. B. W. Mandelstam, administrator, Mount Sinai Hospital, Minneapolis for hospital bulletin entry.

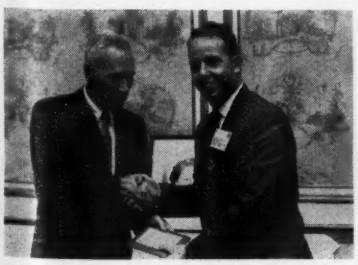


L to r: Mr. Clissold awards honorable mention to W. E. Landgraf, superintendent, Allegheny General Hospital, Pittsburgh for annual report entry.

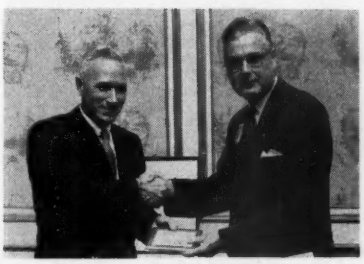
Others who received plaques and are not pictured here were: Miss Viola Epperson, administrative assistant and Mr. Fred W. Trader, administrator, Scripps Memorial Hospital, La Jolla, California a bronze plaque for their excellent hospital bulletin "The Surf Line."

Don Carner, administrator and Tom Gilliam, public relations director, Seaside Memorial Hospital, Long Beach, California for their annual report; they received an honorable mention plaque.

Walter R. Hoefflin, Jr., administrator, Methodist Hospital of Southern California, Arcadia an honorable mention for its public relations program.

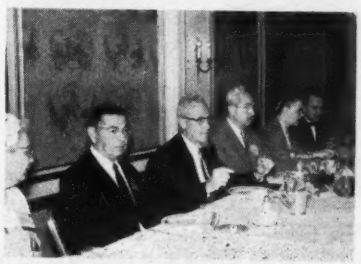


L to r: Mr. Clissold awards honorable mention for hospital bulletins entry to Joseph H. Powell, assistant administrator, Baptist Memorial Hospital, Memphis.

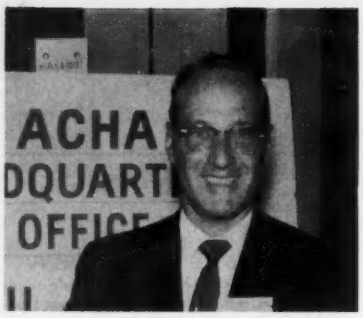


L to r: Paul Clissold presents honorable mention to Paul J. Spencer, director, The Faulkner Hospital, Boston for hospital bulletin entry.

Staff of HOSPITAL MANAGEMENT



Left to right: Mrs. Orpha D. Mohr, Emanuel Hayt, Paul E. Clissold, Dr. E. M. Bluestone, Mrs. Edna K. Huffman and Professor Henry Theobold.



Professor Keith Taylor, University of California.

L to r: Nils Axelson, M.S.H.A., Chicago, Illinois and Alben Oberg, M.S.H.A., administrator of Clara Maass Hospital, Newark, New Jersey.

Ted Kaap, administrator, Mennonite Hospital, Bloomington, Illinois.

Dr. Hueston K. Spangler, Public Health Service.

Thelma Reynolds, Board of Methodist Hospitals and Homes, Chicago, Illinois.

L to r: Denyse Foley of HM and Daniel F. Moravec, chief pharmacist, Lincoln General Hospital, Lincoln, Nebraska.

Al Mannino, McKesson and Robbins.

James Gersonde and Crayton Mann of Chicago.

Dr. George Archambault, U.S.P.H.S.

Mr. Clyde Reynolds, M.S.H.A., administrator, Provident Hospital, Chicago, Illinois. Newly elected president of Alpha Delta Mu Fraternity.

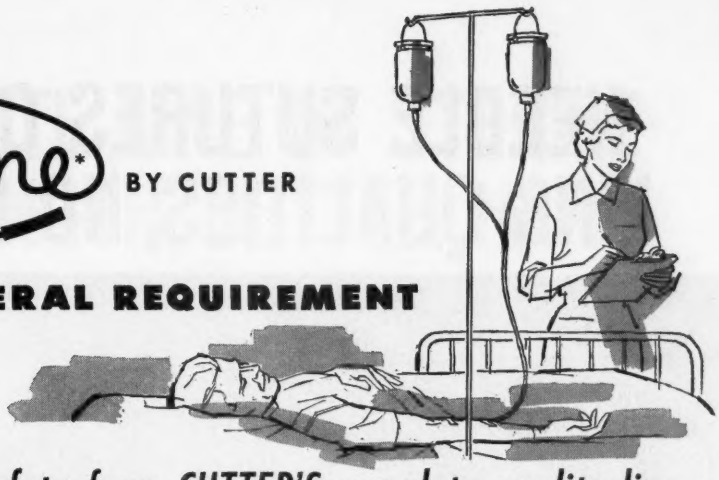
Miss Florence McQuillen, C.R.N.A., executive director, American Association of Nurse Anesthetists.

Matthew McNulty, University of Alabama, Birmingham, Alabama.

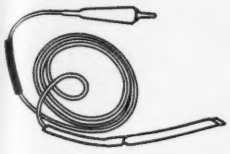
Please turn to page 77

Saftiline* BY CUTTER

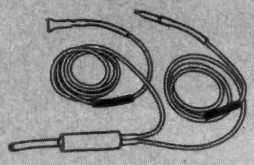
FOR EVERY PARENTERAL REQUIREMENT



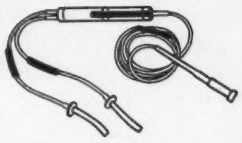
select for savings and safety from CUTTER'S complete quality line



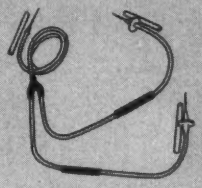
Saftiset "Streamliner"*
I.V. Infusion Set



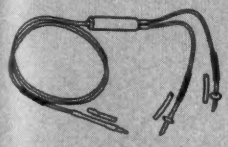
Safticlysis*
Hypodermoclysis Injection Set



Saftifilter "Y"*
Blood and Plasma Y-Tube Set

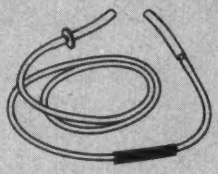


Saftidonor "Y"*
Blood Donor Y-Tube Set



Saftiset "Y"*
I.V. Infusion Y-Tube Set

Saftifilter*
Blood and Plasma Infusion Set



Saftidonor*
Blood Donor Set

Pediatric Scalp Vein Infusion Set

CUTTER'S exclusive extra features for safety and convenience

Flexible plastic Safticlamp* built into every I.V. set for precision control of fluid flow

Color-coded to save time and avoid errors—blood sets in red boxes, I.V. sets in blue

Available with or without detached sterile needle in plastic shield

Sterile, pyrogen-free, ready for immediate use

*T. M.

Order Cutter Saftiline from your supplier. ***Ask your Cutter man*** to demonstrate the simple assembly and operation of the Cutter Saftiline.

CUTTER LABORATORIES
Berkeley, California

For more information, use postcard on page 145

NEEDLE SUTURES OFFERING:
LING QUALITIES, NO BROKEN GLASS GR

SURGILAR
CHROMIC 0
ABSORBABLE SUTURES
D&G SURGILAR® STERILE PACK SURGICAL CUT
Standard Lengths · ATRAUMATIC® Needles
• Provides stronger, safer surgical cut¹—no glass nicked sutures, no weakening by excessive handling, no damage to needle points or cutting edges
• Delivers more flexible sutures¹—no reels to cause bends or kinks...quickly opened as needed so suture is always fresh and pliant
• Saves 33⅓% nurse time¹—faster preparation technic frees her for other duties
1. Alexander, Edythe L.: Mod. Hosp., May, 1957
NEW MONEY-SAVING
DIRECT PURCHASE PLAN
FOR HOSPITALS

A COMPLETE LINE OF STERILE
GREATER STRENGTH, BETTER HAND

NON-ABSORBABLE SUTURES

D&G SURGILOPE SP* STERILE STRIP PACK

Atraumatic® Needle Sutures and Pre-Cut Lengths

- **Eliminates jars, solutions, tubes!**—no damage from broken glass...individual sterile envelope for each needle suture...no resterilization problems
- **Stronger sutures with better "hand"**—envelope pack eliminates kinks, reduces handling, provides better protection for needle and suture
- **Faster preparation**—new Strip Pack cuts preparation time to seconds

CYANAMID

AMERICAN CYANAMID COMPANY
SURGICAL PRODUCTS DIVISION
NEW YORK, N.Y.

SALES OFFICE: DANBURY, CONN.

PRODUCERS OF DAVIS & GECK BRAND SUTURES AND VIM® BRAND HYPODERMIC SYRINGES AND NEEDLES. DISTRIBUTED IN CANADA BY CYANAMID OF CANADA LIMITED, MONTREAL 16, P.Q.

*Trademark

For more information, use postcard on page 145

Who's Who

APPLEYARD, DR. H. E.—has been appointed director of the Hamilton General Hospital, Hamilton, Ontario in succession to DR. J. B. NIELSON, who has been appointed a commissioner of the Ontario Hospitals Commission.

BERTOLAMI, JOSEPH G.—formerly assistant comptroller at Jackson Memorial Hospital was appointed assistant to the director of hospitals for Metropolitan Dade County, Miami, Florida.

BOLGER, HON. ROBERT V.—Judge of the Orphan's Court of Philadelphia County, Philadelphia, Pennsylvania, appointed to the Board of Trustees of Hahnemann Medical College and Hospital.

CALLISTA, MOTHER M.—has been named administrator of Sacred Heart Hospital, Manchester, New Hampshire.

CALVIN, WILLIAM B.—appointed administrator of the Memorial Hospital of Roxborough, Philadelphia, Pennsylvania.

COOPER, COL. CHARLES G.—joined the Anderson Memorial Hospital, Anderson, South Carolina, staff to serve his administrative residency.

CRAMER, ED—formerly of the Mercy Hospital, Kansas City, Kansas, has replaced NATHAN JOHNSON as administrator of the Wilson County Hospital, Neodesha, Kansas.

CRARY, MR. G. C. See TRADER notice.

DRISKELL, FERRELL B.—resigned as administrator of Rhea County Memorial Hospital, Dayton, Tennessee. He is succeeded by E. FRED HORN.

FERDINAND, SISTER M.—former administrator of St. Luke's Hospital in Marion, Kansas, has been named administrator of the Villa Madonna Hospital, Enid, Oklahoma.

FETTER, FRANKLIN C., M.D.—is the new director of medical education at the Presbyterian Hospital in Philadelphia, Pennsylvania.

President Elect of A.C.H.A.

Dr. Ray E. Brown

■ DR. RAY E. BROWN, superintendent of the University of Chicago Clinics and professor of Hospital Administration at the University of Chicago is the president elect of the American College of Hospital Administrators.

President Elect of A.H.A.

Dr. Russell A. Nelson

■ DR. RUSSELL A. NELSON, director of the Johns Hopkins Hospital, Baltimore, Maryland, is the new president elect of the American Hospital Association. He was elected by the House of Delegates at the final session during the recent annual convention.

FOURQUREAN, THOMAS W.—resigned as administrator at Brackenridge Hospital, Austin, Texas, to accept the post of associate administrator at Methodist Hospital, Houston, Texas.

GELPERIN, DR. ABRAHAM—is the new director of Health and Hospitals, Kansas City, Missouri.

HARMON, EDWIN L., M.D.—director of the Grasslands Hospital at Valhalla, New York, has been appointed medical director of Michigan Blue Cross.

HINES, JOSEPH J.—has been appointed assistant administrator of the Truesdale Hospital, Fall River, Massachusetts.

HORN, E. FRED. See DRISKELL notice.

HOOD, MALCOLM W.—has been appointed assistant administrator of Anderson Memorial Hospital, Anderson, South Carolina.

JARETT, PAUL S.—has been appointed administrator of the new Sherman Oaks Hospital, Sherman Oaks, California. He was formerly administrator of West Valley Community Hospital, Encino, California.

LITTLE, MRS. EVELYN P.—has been appointed director of a new volunteer department at Anderson Memorial Hospital, Anderson, South Carolina.

LUCKENBACH, EDGAR F., JR.—owner of the Luckenbach Steamship Co., has been appointed a trustee of the Lutheran Medical Center, Brooklyn, New York.

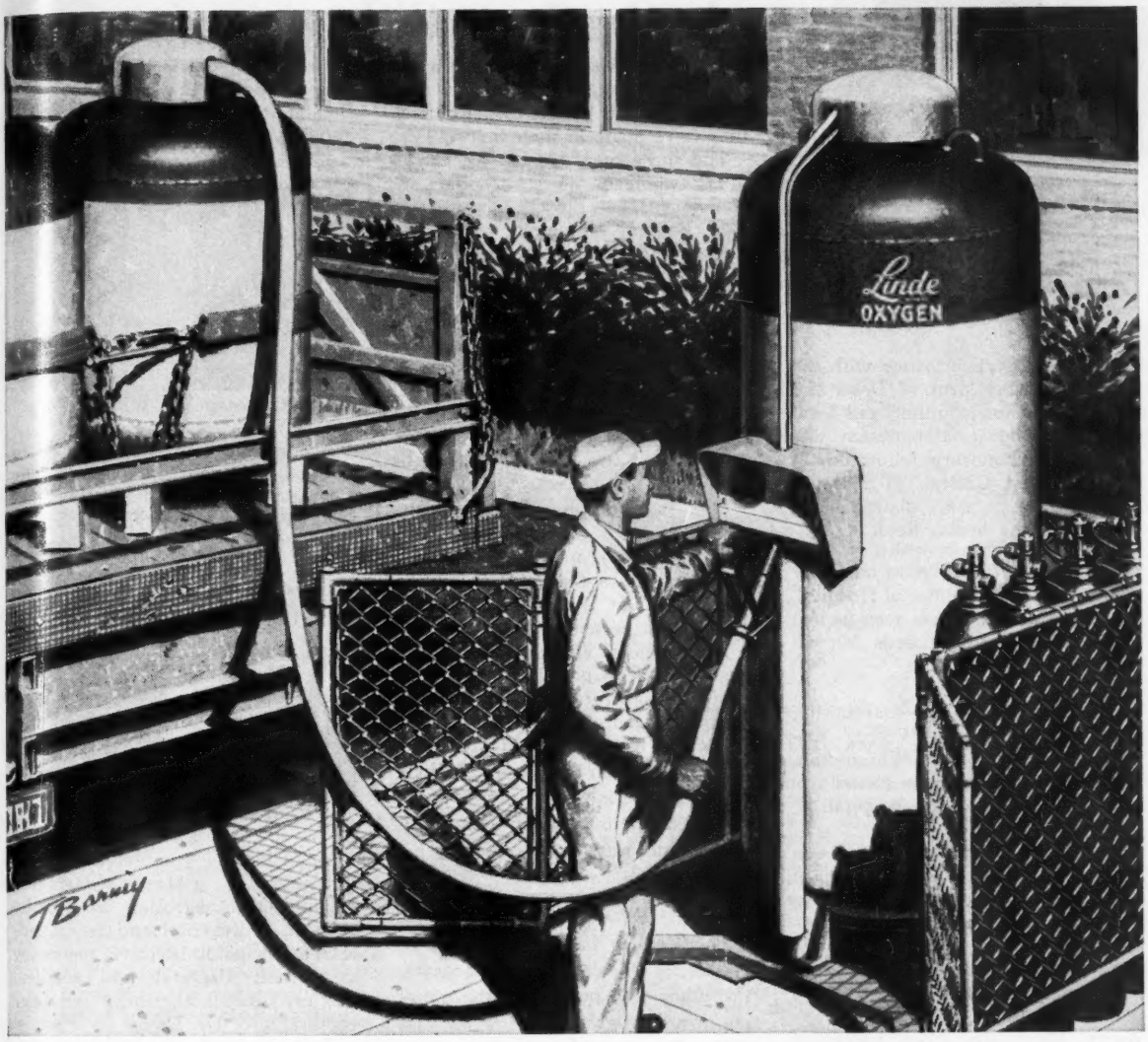
NIELSON, DR. J. B. See APPLEYARD notice.

PROFFITT, COL. WILLIAM E., SR.—has been appointed administrator of Montgomery County Hospital, Conroe, Texas.

RIDDELL, DAVID T.—formerly assistant to the director of the American Hospital Association, has been appointed to a newly created position at St. Barnabas Medical Center, Newark, New Jersey, in charge of all fund raising activities.

RIGLER, DR. LEO G.—who has been consultant and director of education in the department of diagnostic radiology at Cedars of Lebanon Hospital, Los Angeles, California, has assumed his new post as executive director of the hospital.

NOW... with LINDE's expanded service



...more hospitals can have LIQUID OXYGEN!

LINDE's new ATX liquid oxygen storage and converter unit is just what many hospitals have been waiting for! It offers the greater convenience, efficiency and economy of a liquid oxygen system.

Liquid oxygen for the ATX unit is supplied by your local LINDE distributor as well as directly from LINDE. The unit can be installed on a level area of 5 x 5 feet. No capital investment on your part is required.

If your location or consumption rate has made it impractical for you to utilize oxygen in liquid form, find out now whether you can benefit from this new ATX unit with local service.

For information, call your nearby LINDE Distributor or LINDE office. Or write Dept. HM-10, LINDE COMPANY, Division of Union Carbide Corporation, 30 East 42nd Street, New York 17, N. Y. Offices in other principal cities. In Canada: Linde Company, Division of Union Carbide Canada Limited.

Linde
TRADE-MARK

UNION CARBIDE

The terms "Linde" and "Union Carbide" are registered trade-marks of Union Carbide Corporation.

For more information, use postcard on page 145

A.C.H.A. Activities

Receives Honorary Fellowship

Emanuel Hayt

■ EMANUEL HAYT, attorney with the New York City firm of Hayt and Hayt; well known author and legal editor of HOSPITAL MANAGEMENT was awarded an honorary fellowship in the American College of Hospital Administrators, for distinguished services in the health field.

TRADER, FRED W.—assistant administrator of Scripps Memorial Hospital, La Jolla, California, has been named administrator. He succeeds MR. G. C. CRARY, who resigned.

TROY, SAMUEL A., JR.—purchasing agent for the James Walker Memorial Hospital at Wilmington, North Carolina, has been named assistant director of the hospital.

VANDERVORT, LOWELL M.—has been appointed assistant administrator of St. Luke's Hospital, Milwaukee, Wisconsin. He was formerly director of personnel and public relations at St. Barnabas Hospital, Minneapolis, Minnesota.

WHITE, ROGER—has been appointed assistant administrator, Morton F. Plant Hospital, Clearwater, Florida.

Obituary

SNOW, DAN HOWARD—administrator of Henry County Hospital, Paris, Tennessee.

Suppliers News

MANZ, CHARLES F.—has been appointed field sales manager of the Professional Division of Lehn and Fink Products Corporation in New York City.

MARKWOOD IRA M.—appointed to the position of manager of the Service Division of Wilmot Castle Company, Rochester, New York.

Fellows Honored

Three Fellows in the College were singled out for special honors and commendations for the contributions they have made in their fields.

The three men are Lee D. Cady, M.D., manager, VA hospital in Houston; Boone Powell, administrator, Baylor University Hospital, Dallas; and Clyde L. Reynolds, executive director, Provident Hospital, Chicago.

Dr. Cady was awarded a Certificate of Honorary Membership for "Distinguished Service in the Field of Physical and Mental Rehabilitation" by the Association for Physical and Mental Rehabilitation at the group's annual convention this year in Atlantic City.

Mr. Boone, who was recently elected to the College's Board of Regents, was granted an honorary Doctor of Laws degree from Baylor University at its summer commencement ceremony.

Mr. Reynolds was elected national president of Alpha Delta Mu, the professional fraternity in hospital administration.

He has been active in organizational work with the American Hospital Association the Illinois Hospital Association and in community health and welfare activities.

Scholarship Program

The College has two scholarship programs. One is the loan program, the other is a post-graduate training award program.

Mr. Eckert explained that under the scholarship loan program, the College grants up to $600 to men and women who require financial assistance in completing their training for a position in the field of hospital administration.

"These loans are liberal in the sense that they extend as long as three years without interest," President Eckert said.

The post graduate training award program of the College, sometimes known as the extended residency scholarship program, is supported by the generosity of two groups: Mead Johnson & Company, Evansville (Ind.) and the Ortho F. Ball Memorial Fund, given to the College through the Modern Hospital Publishing Co.

"This year, Mead Johnson and Company increased its contribution from $2,000 to $3,000," President Eckert said, adding that the Ortho Ball Memorial Fund donates $1,500 annually to the fund.

M. H. Charney

W. C. Henry

At present, four men have been granted extended residency training awards. They are: Merle H. Charney, Wade C. Henry, William S. Schmidt and Edward J. Miller.

W. S. Schmidt

E. J. Miller

Mr. Charney completed his requirements for a Master's degree in hospital administration at Northwestern University and is undertaking his administrative residency at Jewish Hospital and Medical Center, Cincinnati, under the preceptorship of Dr. David H. Ross.

Wade Henry has his Master's degree in hospital administration from Washington University and is entering Barnes Hospital, St. Louis, under the preceptorship of Dr. Frank R. Bradley.

William Schmidt received his Master's degree in hospital administration from the University of Michigan. He will undertake his administrative residency at Grace-New Haven Community Hospital under the preceptorship of Dr. Albert W. Snoke.

These three men were granted Mead Johnson awards. Recipient of an Ortho F. Ball Memorial Fund grant is Edward J. Miller, who received his Master's degree at the University of Iowa and is continuing his work there at the State University Hospital under the direction of Gerhardt Hartman, Ph.D. ■

Getting the Pill to the Patient

A Candid Look at New Procedures for the Small Hospital Pharmacy

by Alfred A. Mannino
EXECUTIVE DIRECTOR, HOSPITAL DEPT.,
McKESSON & ROBBINS, INC.

Less than half the 7,000 hospitals in the country have accredited pharmacists on their staffs, yet more than 30% of every supply dollar goes for pharmacy purchases. Population is increasing at the rate of more than 7,000 people per day. Disposable incomes continue to spiral. These factors point to a continued expansion in hospitals and hospital services. But while hospitals are growing in number and facilities, the number of trained hospital pharmacists is not keeping pace, and today's shortage will become even more acute as time goes on.

How to provide economical care for the constantly increasing patient load and compensate for the decreasing number of professionally trained personnel, and at the same time cope efficiently with the growing complexities of modern drug buying, is one of the toughest problems facing hospital administrative staffs today.

How are hospitals meeting this challenge? In smaller hospitals, who is responsible for "getting the pill to the patient?" Sometimes it is the general purchasing agent. Often an overworked doctor or nurse —or even the administrator himself. But whoever it is, this extra responsibility is a tremendous burden, especially when you consider the some 7,000 items with which the average hospital pharmacy deals. Obviously, a knowledge of the economic factors of successful management activities, particularly astute buying and inventory procedures, is essential to his success. One serious problem confronting hospitals today is the increasing number of new and nonstandard items. New items, new sizes and duplicates have also become a costly factor. Even storage is a headache. Less than half the country's hospitals are able to handle more than a three-month inventory.

Two keys to efficient hospital pharmacy operation, then, are: standardization and scientific inventory management. But how is the already overburdened person in authority to achieve them without a trained hospital pharmacist?

The answer—and, fortunately, there is an answer—is to look to a supplier of unquestioned integrity and comprehensive services to act as a reliable pharmacy consultant. A good supplier can be counted on to screen and select only drugs and drug products produced by reputable manufacturers, thus insuring reliable merchandise and reduce the need to carry nonstandard items. He will also help maintain a stock level at which the combined costs of *procuring* supplies and *carrying* inventory are at a minimum. And there are countless other services he can offer. Thus, it is important to choose a supplier carefully, to investigate his qualifications and services thoroughly. Here is a checklist of 6 basic questions to aid in his selection:

1. **Will he give you competent professional advice that is honest and unbiased?** (Each one of McKesson's Hospital Service Departments offers the services of a responsible drug therapy consultant—"Rex" McKay®, a trained pharmacy specialist, who is ready to advise on specific problems, to speed emergency delivery service when requested and to keep you abreast of the latest drug developments.)
2. **Does he carry a complete stock of all items you might need?** (McKesson buys from every major drug manufacturer as well as manufacturing under its own label, and researches every new item on the market to determine which manufacturer makes the one best suited to hospital use. McKesson also provides warehouse facilities for bulky items for many small hospitals.)
3. **Does he have the latest information on new developments in the drug field?** (Twice a year, McKesson's Hospital Service Department men undergo intensive training to help them keep up with new products, new methods, new developments that will in turn help hospital pharmacists.)
4. **Does he buy in large quantities direct from manufacturers?** (Whenever quantity purchasing is advantageous, McKesson does so and passes the savings along.)
5. **Does your supplier have national distribution?** (McKesson & Robbins, for example, maintain 82 professionally staffed and completely stocked Hospital Service Departments throughout the country. They service well over half the country's 7,000 hospitals right now and have a total of 125 years' experience in dispensing, manufacturing and distributing drug and pharmaceutical products.)
6. **Is he nearby and readily available?** (McKesson's 82 Hospital Service Units are strategically located throughout the country. They offer a local source of supply that is available any hour of day or night for emergency deliveries as well as routine service.)

Some hospitals, of course, buy direct, but 60% find McKesson & Robbins Hospital Service Departments "just what the doctor ordered." They depend largely on McKesson for economical and efficient management of their hospital pharmacies. McKesson's Hospital Service Departments make a specialty of servicing the small hospital pharmacy and they welcome inquiries on any phase of hospital pharmacy operation. We will send you the name of the McKesson Hospital Service Department nearest you—address inquiry to A. A. Mannino, McKesson & Robbins, 155 East 44 St., New York 17, N. Y.

(advertisement)

For more information, use postcard on page 145

Hospitals and the Law

by Emanuel Hayt, LL.B.

Broken Safety Spring Controlling Siderail Causes Injury Entitling Patient's Mother to Damages

■ PLAINTIFF BROUGHT ACTION for damages for personal injuries sustained when a siderail of one of defendant's hospital beds dropped onto her right foot after she had pressed the release lever with that foot in order to lower the rail of the bed. The evidence indicated that plaintiff was told by a nurse to quiet her two-year, nine-month-old daughter who was a patient in a ward of defendant's hospital. As the rail was about four feet high, plaintiff was unable to reach her daughter without lowering the rail. When she pressed the release lever which was about eight inches from the floor the rail dropped and struck her foot because a broken safety spring failed to control the downward movement of the siderail. This accident caused a very serious injury to plaintiff's foot. Two operations were performed and plaintiff was required to wear casts on seven different occasions. Pain persisted to the time of trial and it was likely that a major operation would have to be performed to relieve plaintiff of pain. On the basis of the above evidence plaintiff had judgment for $10,000 and defendant appealed. Defendant contended that the evidence was insufficient to sustain the verdict and that the trial court erred in instructing on the doctrine of *res ipsa loquitur*. This held that there was clear and substantial evidence to support the verdict and that it would not be disturbed. All the requirements for the application of the doctrine of *res ipsa loquitur* were met, and the jury was warranted in finding that the accident would not have happened without negligence by someone. There was no evidence that plaintiff was in any way responsible for the breaking of the safety spring, and the jury, from ample evidence, determined in effect that the accident was more probably than not the result of negligence, and further determined that defendant was the sole person guilty of that negligence. The judgment for plaintiff was affirmed.

(Owens v. White Memorial Hospital, 5 CCH Neg. Cases 2d 956 — (Cal.) (1956)

New Trial Ordered to Prove Intern's Negligence in Diagnosis and Treatment in County Hospital

■ THE RESPONSIBILITY and degree of care imposed upon the hospital is to be measured by the responsibility and degree of care imposed upon its employees, the intern and nurses in the emergency ward.

Here it appears that a man, dressed only in shorts, was delivered into the custody of the emergency room attendants at about 2:00 a.m. by an ambulance driver. Although the intern testified that the man was belligerent and reeking with alcohol, both the police officer who found him and the ambulance driver who delivered him testified that at most there was only a mild odor of alcohol and the man breathed heavily but did not utter a word. After fifteen or twenty minutes the intern discharged the patient as a drunk. The factual problem is whether he should have pursued a more thorough course of inquiry and examination under the circumstances. No history of the man's condition or the facts leading up to his delivery to the hospital was at any time obtained. No x-rays were made. The hospital director himself testified that if a patient was unconscious and unable, as distinguished from unwilling, to give his name and state how he was injured when delivered to the hospital, then releasing him in the same condition would in his judgment fall below the standard of care required under the circumstances. The physician who was the supervisor of the emergency room at the time testified that if a patient in the condition of Bourgeois were admitted and could not give a history of his condition, and one could not be obtained, then he would certainly make x-rays in an effort to form a diagnosis. He also testified that he had seen Bourgeois when he was admitted to the hospital, the he could not say that the man was intoxicated and that the fact that he had a normal pulse rate was inconsistent with a state of intoxication.

It is rather clear that the ultimate cause of death was the puncturing of the chest cavity by several of some nine ribs which had been fractured at the spinal column.

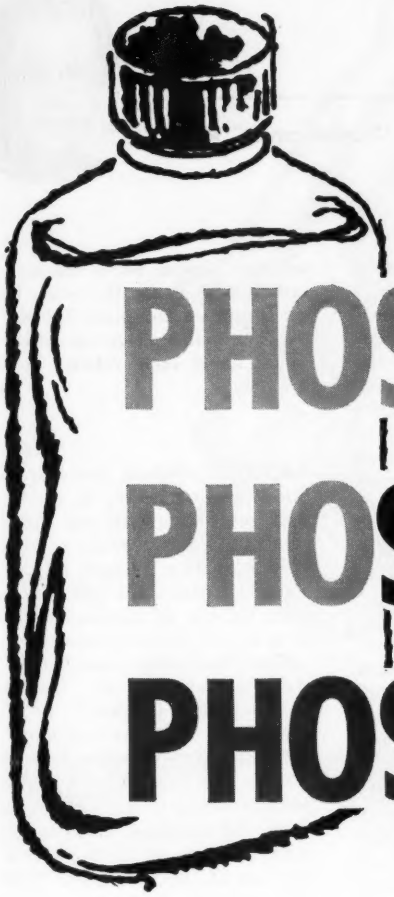
Court, "as to the man's condition of sobriety as well as conflicts as to his consciousness when admitted to the hospital. We find the failure to obtain a history on a man unable to talk and unable to give the background of his condition. We find a failure to make a thorough detailed examination of an unconscious patient unable to speak for himself. We find that he was delivered into the hands of the police as a "drunk" following which the man was forced to sit on a hard bench in a police ward, dragged into a patrol car, loaded onto the back seat of an automobile, transported to the court house, moved to the sixteenth floor, slumped over on the elevator floor and then deposited on a jail cot without a mattress.

"We are compelled to the conclusion that there was adequate evidence of negligence in the treatment, examination and ultimate diagnosis of the decedent's condition to justify taking the case to the jury on that score. As to the existence of a casual relationship between the alleged negligence and the ultimate death, the opinion of the experts was such that under the circumstances the treatment that this man received at least could have aggravated his condition and expedited his death if the jury believed them."

The judgment for the defendant County hospital was reversed and a new trial ordered.

(Bourgeois v. Dade County, 7 CCH Neg. Cases 2d 615 — Fla.) (1957)

Please turn to page 80



PHOSPHO-SODA

prompt action

(FLEET)®

PHOSPHO-SODA

satisfactory results

(FLEET)®

PHOSPHO-SODA

(FLEET)®

Phospho-Soda (Fleet) is recognized as an effective laxative in the treatment of long term constipation or occasional costive distress . . . and as an intestinal cleansing agent prior to examination or surgery. Each 100 cc. contains 48 Gm. Sodium Biphosphate and 16 Gm. Sodium Phosphate.

since 1869 Fleet

C. B. FLEET CO., INC.

Lynchburg, Virginia

also makers of

FLEET® ENEMA *Disposable Unit*

OIL RETENTION ENEMA (FLEET)®

For more information, use postcard on page 145

Medical Records

by Edna K. Huffman, C.R.L.

Microfilming

***QUESTION*: In your *Manual for Medical Record Librarians* you state that records of newborn infants and minors should be filmed complete. Does this include nurses' notes? I have visited several hospitals where nurses' notes, clothing sheets and certain other parts of the record were removed before microfilming, and no exceptions were made for records of minors. Is it safe to film only those sheets which the medical staff feels are necessary for research? It will cut down costs if we need not film nurses' notes, clothes sheets, blood pressure and temperature charts, intake and output records, authorizations for operation and discharge, insurance authorizations, weak notices and correspondence concerning the case. C.M.C.**

ANSWER: The *entire* medical record including nurses' notes should be microfilmed on newborn infants and other minors as suit may be brought at any time before the expiration of the statute of limitations *after the patient has reached 21 years of age.* However, we should always clearly distinguish in our minds the difference between the medical record per se, which pertains to the care and treatment given the patient, and the administrative records and other extraneous material that is usually filed in the medical record folder for the convenience of all concerned.

Many hospitals do not microfilm until after the statute of limitations has expired for adult patients. After this time the most frequent use for medical records is research. However, requests may be received for many years for information concerning the type of operation performed, tissue findings, medication given, and for information for proof of age, parentage or other relationship. Thus, there are many reasons why you should have formal written medical advice before destroying, without microfilming, any portion of the medical record pertaining to the care and treatment of the patient. You should never destroy anything the medical staff thinks should be retained, if it concerns medical care. However, your administrator might decide that for the protection of the hospital some records should be filmed that the medical staff did not think necessary. It should be remembered that they think usually in terms of information which might be needed later for care of the patient, or for research, while your administrator must think in terms of protection for the hospital.

The records that are generally microfilmed on all patients before being destroyed are: histories and reports of physical examination, physician's orders and progress notes, reports of operation, anesthesia reports, recovery room records, tissue and other laboratory reports, x-ray reports, graphic charts and any others pertaining to the care and treatment of the patient. I would also microfilm *all* authorizations signed by the patient or responsible relative even though the statute of limitations had expired feeling that it is safer to film some records which are not apt to be needed, than to need them and not have them.

It is not necessary to microfilm clothing lists, valuables envelopes, notices of serious illness or death, correspondence, carbon copies of insurance reports, or anything else not directly concerned with the care and treatment rendered the patient, after the expiration of the statute of limitations.

Medical record librarians and hospital administrators must beware that their zeal to cut current costs of microfilming does not over-rule the need for caution in keeping medical records needed for future care of the patient, or medical or administrative records needed for future protection of the hospital.

Microfilmed Records in Court

***QUESTION*: We are considering microfilming our medical records and think we would prefer sending them out for filming on a contract basis rather than doing the work here at the hospital. However, I have been asked whether sending them out would affect their validity in court? R.S.G.**

ANSWER: Unless there is something to the contrary in the laws of your state this will not affect the validity of the records as the U.S. 82nd Congress passed an amendment to Public Law 129 which provides for the admission and acceptance of microfilmed records.

Most microfilm companies now place a statement of "Declaration of Intent and Purpose" and also a "Certificate of Authenticity" on each microfilm roll. The first brings out the fact that it is the policy of the institution to microfilm and destroy the original records in the regular course of business after inspection of the microfilm. The second certifies that certain records have been reproduced in a manner and on film meeting the requirements of the National Bureau of Standards for such permanent microfilm copy, that they are accurate and complete reproductions, and that they were delivered in the regular course of business. Thus, you should have no difficulty presenting evidence of their validity.

In the September issue, Medical Records, on page 66, an error occurred in the last sentence of paragraph two in column two. You will want to change your copies to read:

> The sum of the day's care rendered to all discharged patients for a month divided by the number of patients discharged that month will give the average length of stay. E.K.H.

AMAZING NEW DISCOVERY

TIME AUTOCLAVE LABELS

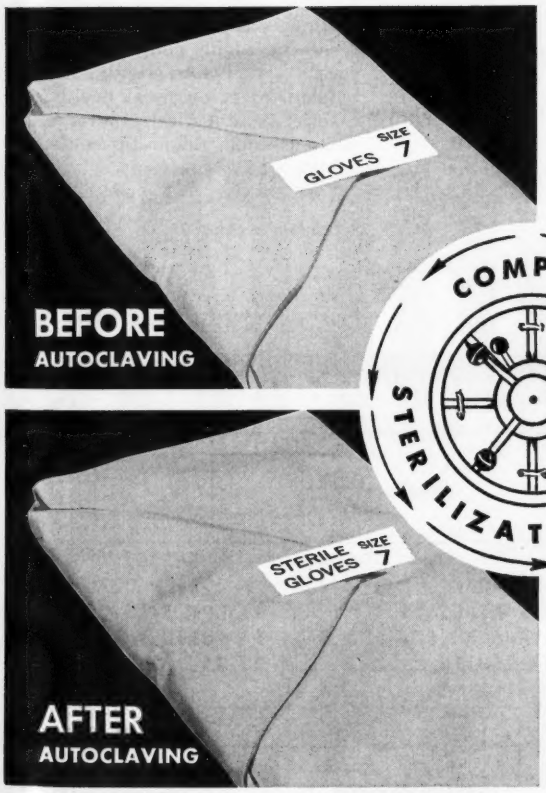
WITH

TSI

(TIME STERILE INDICATOR)

TSI . . . is a scientific development designed to take the guesswork out of autoclaving. TIME AUTOCLAVE LABELS with TSI (Time Sterile Indicator) are actually a time indicator. They give visual proof that the item has been subjected to the complete autoclave sterilization cycle. The word "sterile" appears in bold black letters only after exposure to autoclaving temperatures of 250° F for at least 15 minutes. Accidental activation is impossible.

Only TIME AUTOCLAVE LABELS with TSI (Time Sterile Indicator) give you these outstanding time and convenience features. In a single operation they seal . . . identify . . . show size and number of articles . . . give visual indication of sterilization . . . and eliminate pencil mark mistakes.



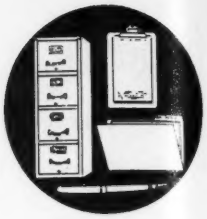
For the most modern hospital and laboratory labeling procedures . . . use TIME AUTOCLAVE LABELS with TSI (Time Sterile Indicator). A large selection of standard labels available.

Write for samples and catalog today!

TIME SELF-STICKING LABELS VINYL COATED

PROFESSIONAL TAPE CO., INC. • 355 BURLINGTON ROAD
Riverside, Ill. • Dept. 41-A • Riverside 7-7800

For more information, use postcard on page 145



Practical Automation at the Stamford Hospital

Part I

by Frederic M. Hovey

A significant change has taken place in the philosophy of hospital administration. Those responsible have learned that the principles of business may be borrowed, without sacrifice of humanitarian ideals. They have learned that, in fact, there is a remarkable similarity in the administrative fundamentals of both, though they are poles apart in ultimate objectives.

This lesson may have been learned earliest here in New England where the Connecticut Hospital Association several years ago pioneered a common method of procedures and reporting among its members. This pioneering is beginning to pay off in administrative controls that contribute to better patient care, and the realization that the fiscal health of hospitals is essential to better patient care.

A member of the Connecticut group which has reached a high state of development in this philosophy is The Stamford Hospital, Stamford, Connecticut.

■ EDGAR L. GEIBEL, our administrator, says: *"We are not report happy at The Stamford Hospital. In fact, we believe hospital administration needs less paper work, possible fewer reports but the type that tightens controls. We feel we are well on our way toward that objective. Experience may eventually call for the elimination of some of our present reports and the creation of others. More important, however, is the fact that we have the procedures to produce not only reports required by law and good practice, but others that will add to our efficiency."*

What this hospital has done is integrate patient-day statistics and revenue analysis as they affect nursing units, special service departments and accounting. The end result is tight control over accounts receivable, with its attendant effect on fiscal health, and a series of statistical reports which make possible finger-tip control of administrative functions.

For instance, last year this 310-

Please turn to page 137

Mr. Hovey is controller, The Stamford Hospital, Stamford, Connecticut.

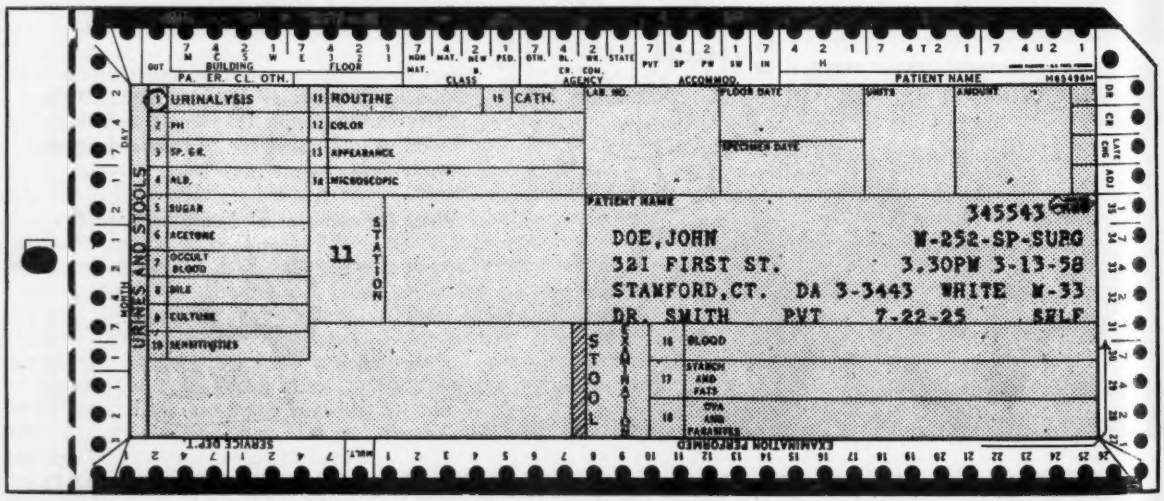


Fig. 1. The multiple-part requisition-charge ticket set is typical of the service department forms.

WHY RISK DELAYED RECOVERY FROM

'HOSPITAL STAPH' INFECTIONS?

"Hospital staphylococcus," a frequent cause of antibiotic-resistant septicemia, enteritis and other serious infections, is most often sensitive to CATHOMYCIN (novobiocin). For the patient with an infection resistant to routine antibiotic therapy, CATHOMYCIN constitutes the first line of defense—it has an established record* of effectiveness.

CATHOMYCIN may be administered alone or in combination with other antibiotics in full dosage. In combination, it affords protection against the emergence of resistant strains.

Rapidly absorbed, CATHOMYCIN quickly produces high, therapeutic blood levels which are maintained for 12 hours or longer. It is generally well tolerated and does not destroy beneficial intestinal flora. There is no evidence of cross-resistance with other antibiotics.

CATHOMYCIN®

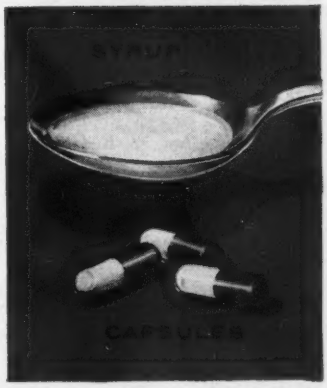
NOVOBIOCIN

for staphylococcic septicemia, enteritis, postoperative wound infections and other serious staph infections.

DOSAGE: Adults: CATHOMYCIN Sodium 2 capsules b.i.d. or CATHOMYCIN Calcium Syrup 4 teaspoonfuls b.i.d. Children: (up to 12 years) 2 to 8 teaspoonfuls daily in divided doses based on 10 mg. CATHOMYCIN per lb. of body weight per day.

SUPPLIED: Capsules sodium novobiocin, each containing the equivalent of 250 mg. of novobiocin—vials of 16 and 100—and as an orange-flavored syrup (aqueous suspension), in bottles of 60 cc. and 473 cc. (1 pint). Each 5 cc. CATHOMYCIN Syrup contains 125 mg. (2.5%) novobiocin, as calcium novobiocin.

*Complete bibliography available on request.



MSD MERCK SHARP & DOHME Division of MERCK & CO., INC., Philadelphia 1, Pa.

For more information, use postcard on page 145

What Associations Are Doing

New Officers — Association of Nurse Anesthetists

Seated, l to r: Jessie L. Compton, second vice-president; Olive Berger, president; Evelyn Auld, first vice-president. Standing, l to r: Martha Belew, Ursula Heitmeyer, Elizabeth Boyer, Dean Hayden, Sister Yvonne, Celesta Whiskin, Trustees.

University of California Hospital Administration Class

Back row, left to right: L. G. Smith, J. A. Gutierrez, M.D., L. Robinow, D. P. Fleming, T. V. Olson.
Middle row, left to right: R. R. Daniels, L. A. Harrington, T. B. Gibble, D. E. Truman.
Front row, left to right: Julian R. Friedman, Ph.D. (research associate), W. A. Schaeffer, W. R. Hanson, Keith O. Taylor (associate director), Stanley R. Truman, M.D. (guest lecturer), R. E. Walker.

New Jersey State Association

■ Miss Lucille Raymond of Union was elected president of the New Jersey State Association of Nurse Anesthetists to succeed Miss Helen C. Newman.

The election took place at the tenth Annual Middle Atlantic Assembly of Nurse Anesthetists, held in conjunction with the tenth Annual Middle Atlantic Hospital Assembly.

Other new officers are: vice president, Miss Florence Robertson, of East Orange; and secretary-treasurer, Miss Agnes Nagle, of Dunellen.

American Association of Nurse Anesthetists

At the annual election of the American Association of Nurse Anesthetists, Olive L. Berger, director of the School of Anesthesia, at Johns Hopkins Hospital, Baltimore, Maryland, was elected president. Miss Berger succeeds Miss Lillian Baird, University Hospitals, Ann Arbor, Michigan. Serving with Miss Berger will be Mrs. Evelyn Auld, Watts Hospital, Durham, North Carolina, first vice-president; Mrs. Jessie L. Compton, Methodist Hospital, Dallas, Texas, second vice-president; Mrs. Celesta L. Whiskin, Boston, Massachusetts, Martha Belew, Baptist Memorial Hospital, Memphis, Tennessee and Sister Mary Yvonne of St. Francis Hospital, La Crosse, Wisconsin, Trustees.

A change in the bylaws of the association will affect future elections. A president-elect is to be selected beginning in 1959. This will reduce the president's term of office to one year. It has been customary for the presidents to serve two consecutive one-year terms.

Miss Hilda Salomon, formerly director of the School of Anesthesia, Jewish Hospital, Philadelphia, was the recipient of the Association's Award of Appreciation. Miss Salomon had been active in the Pennsylvania and national associations having served as A.A.N.A.'s president in 1935. In addition to a placque Miss Salomon was made an honorary life member of the American Association of Nurse Anesthetists. The Pennsylvania Association, in her honor, transferred its loan fund to the A.A.N.A. student loan fund.

Eighty-five directors and instructors of the schools of anesthesia participated in an Assembly of School Directors under the direction of Miss Clarene Carmichael, Educational Director of A.A.N.A. Plans are being made for reviewing the accreditation program in anticipation of the tenth anniversary of the accreditation of schools by A.A.N.A.

A feature of the Monday Night Friendship Dinner, at which state presidents are honored, was the capping with green beanies of all

persons who were attending their first annual meeting. Throughout the week the persons so capped were required to produce the caps and wear them on demand.

Clinical sessions occupied two days of the annual meeting during which 12 papers were presented, among which were the following: A symposium on cardiac anesthesia by Herbert Sloan, M.D., Associate Professor of Surgery, University of Michigan Hospitals; Robert B. Sweet, M.D., Professor of Anesthesia, University of Michigan; and N. Pauline McDonough, clinical instructor in the school of anesthesia, University of Michigan. John Adriani, M.D., Director of Anesthesia, Charity Hospital, New Orleans, spoke on the subject of spinal anesthesia, and J. Garrott Allen, M.D., Professor of Surgery, University of Chicago, spoke on the dilemma in anesthesia. Ray G. Stark, M.D., Director of Anesthesia, Baptist Memorial Hospital, Memphis, presented a paper entitled The Child As A Surgical Challenge. Julia Arrowood, M.D., Chief of Anesthesiology, Harlan Memorial Hospital (Kentucky), discussed the role of the endocrine glands in anesthesia. Floya Blado, chief anesthetist, Cook County Hospital, Chicago, discussed the role of the nurse anesthetist in the treatment of burns. The role of the nurse anesthetist in hospital safety programs, in relation to other associations, and in relation to coworkers, were the subjects of papers given by Jessie L. Compton, Methodist Hospital, Dallas, Texas; Janet Geister, Chicago and Cameron W. Meredith, Professor of Psychology, State University of New York, Oswego.

Open house was held at the association's offices in the Prudential Plaza on Monday and Wednesday morning. More than 500 guests visited the offices.

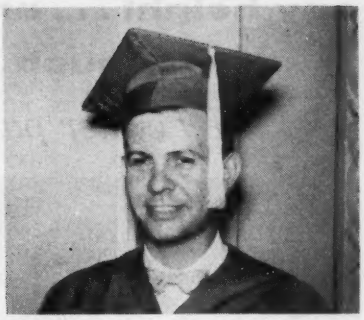
Doctor of Laws Degree Awarded

■ AN HONORARY degree of Doctor of Laws was conferred on a woman pioneer in the Blue Cross-Blue Shield field in the Canadian Maritime Provinces and former Blue Cross Commissioner, Ruth Cook Wilson of Moncton, New Brunswick. The degree was awarded by St. Francis Xavier University, Antigonish, Nova Scotia.

Miss Wilson retired this year after 15 years as executive director of the Maritime Hospital Service Association. She will remain executive consultant to the Maritime Blue Cross-Blue Shield Board of Trustees. ■

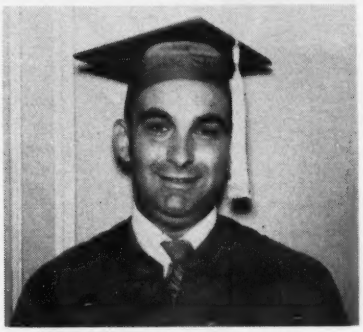
American College of Hospital Administrators Convocation

Ordway Tead, speaking at ACHA Banquet.

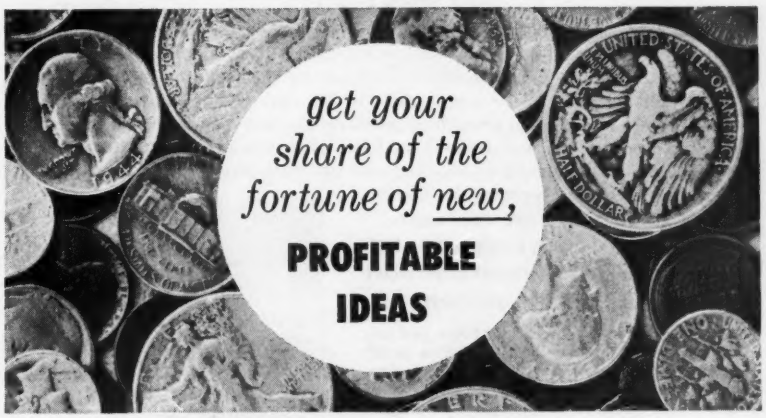


Nolan Lackey, Evansville, Indiana.

Left to right: Helen Sylvester, Waukegan, Illinois and George Brewer, Louisville, Kentucky.



Ira Goldberg, Chicago, Illinois.



by attending the 43rd annual

NATIONAL HOTEL EXPOSITION

Alfred Lewis, CHAIRMAN

NOVEMBER 3-7, 1958

You'll want to see the wealth of new products, services and ideas presented at "The Greatest Mass Housing and Feeding Show in the World." Over 250,000 square feet of stimulating displays at the magnificent New York Coliseum on Columbus Circle. Plan *now* to attend with your purchasing personnel.

FOR FREE ADMISSION BADGES (to the trade only)
CONTACT: W. K. SEELEY, GENERAL MANAGER,
NATIONAL HOTEL EXPOSITION,
141 W. 51st ST., NEW YORK 19, N.Y. Circle 7-0800

For more information, use postcard on page 145

any height . . . any spring position at the touch of a button . . .

by either patient or nurse

with the all-electric "PUSH-BUTTON" Hilow Bed

by Hill-Rom

● This new Hill-Rom Hilow Bed is designed so that operation of the hilow feature and adjustment of the backrest and knee rest may be handled by either patient or nurse. Push button controls for patient use are located on the patient's right—in the seat section of the spring. For the patient who must remain in a certain prescribed position, the bed may be placed in that position and the patient control switches then rendered inoperative. All switches are mechanically interlocked—no two push buttons can be operated at the same time. *Approved by Underwriters' Labs., Inc., for use with oxygen.*

Maximum convenience for the nurse, maximum comfort and safety for the patient

This modern, safe and efficient hilow bed can be maintained at the "low" position at all times to insure maximum safety. Much time will be saved the nurse by elimination of unnecessary trips to the patient room or unit. The patient has access to head and knee rest and does not need the nurse for routine adjustment of the spring.

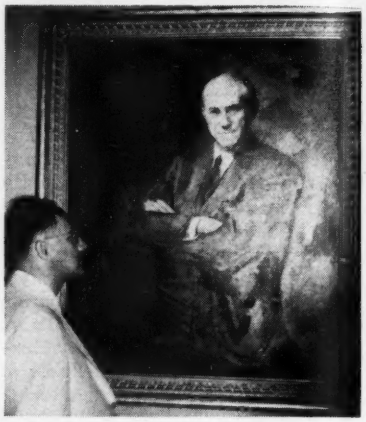
Head end and foot end panels, designed by Raymond Loewy, add to the appearance and function of the bed. For complete information on this or any of the three other Hill-Rom Hilow Beds, write for Procedure Manual No. 3.

HILL-ROM COMPANY, INC. • Batesville, Indiana

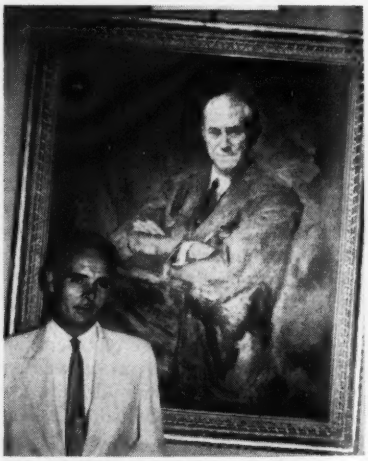
Now ready... **Procedure Manual No. 3—"Hilow Beds"** by Alice L. Price, R.N., M.A., Nurse Consultant for Hill-Rom, and author of three leading textbooks on nursing, also P.M. No. 1, "Safety Sides—A New Safety Measure" and P.M. No. 2, "The Recovery Bed, Labor Bed, Special Therapy Bed." Copies of any of these manuals for student nurses and graduate nurse staff will be sent on request. Address: Miss Alice L. Price, Hill-Rom Co., Inc., Batesville, Indiana.

Sir Arthur Stevenson, eminent Australian architect, and Emanuel Hayt, Honorary Fellows of ACHA.

MacEachern Memorial Day Reception



Dr. Letourneau views picture of "Dr. Mac".



Mr. William R. Williams, administrator, Suburban Cook County Tuberculosis Sanitarium with portrait of Dr. MacEachern.

•

Some people think they have dynamic personalities because they are always exploding.

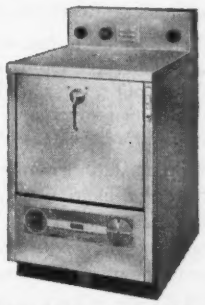
the American

UTENSIL WASHER-SANITIZER

Protects patients and personnel against cross contamination - - dependably and at less cost.

Prevention of cross contamination from patient utensils is accomplished rapidly, automatically and at reduced cost with the new American Utensil Washer-Sanitizer. The powerful detergent wash, double rinse and steaming cycles are completed in 22½ minutes . . . with no attention from nursing personnel other than loading and unloading. Three sets of utensils are processed in two loads.

The American Utensil Washer-Sanitizer is economical to install and pleasant for nursing personnel to use. It assures uniformly high standards of cleaning and sanitizing by eliminating the possibility of human error . . . and, its modest cost is more than justified by the saving in personnel time alone.



The American Utensil Washer-Sanitizer is available with clean-up counter or as the free-standing unit shown above.

For complete information on this improved utensil technique, write for bulletin SC-321-R.

AMSCO

AMERICAN STERILIZER

ERIE • PENNSYLVANIA

World's Largest Designer and Manufacturer of Sterilizers, Surgical Tables, Lights and related hospital equipment

Continued from page 68

Medical Records of Physicians in Group Practice Admissible in Evidence When Identified By Physician

■ APPELLEE WAS AWARDED a jury verdict of $5,500 for personal injuries, and special damages incurred and anticipated, caused by fragments of a "coca-cola" bottle introduced into appellee's system while she was drinking a beverage bottled and sold by the appellant.

The trial court admitted in evidence, under the so-called Federal Shop Book Rule,[1] entries in the medical records kept by a group of physicians, which concerned appellee's condition as observed by one of the physicians subsequent to the time when appellee drank the beverage. These entries included statements as to the presence of fragmented glass and fissures discovered during rectal examinations of appellee.

The only substantial question presented by this appeal is whether the records of examinations made by one of several physicians engaged in group practice may be received in evidence under the Federal Shop Book Rule upon being identified by a physician having access to the records and familiar with the procedures by which they were regularly kept. The physician who made the examination and the entries was not called as a witness.

Appellant's reliance on *New York Life Ins. Co. v. Taylor*, 79 U. S. App. D. C. 66, 147 F. 2d 297 (1944) is misplaced. The case at bar does not present the issue involved in the *Taylor* case which dealt with the application of the Shop Book Rule to a hospital record containing an expression of opinion as to the existence of a psycho-neurotic condition—a medical conclusion based on observation and in a field where competent experts very often disagree.

Although it was held in *Taylor* that the Shop Book Rule did not apply to a record of such a nature, this court also stated "Regularly recorded facts as to the patient's condition or treatment on which the observations of competent physicians would not differ are of the same character as records of sales or payrolls." 79 U. S. App. D. C. 66, 72, 147 F. 2d 297, 303. The present case concerns the recording by a physician of his observations of physical facts as plain to the trained eye as a compound fracture,[2] and upon which competent physicians would not be likely to disagree.

The judgment was affirmed.

(Washington Coca-Cola Bottling Works, Inc., v. Tawney, 6 CCH Neg. Cases 2d 218—USDC—DC)

Everybody's talking about Staph...

. . . and with good reason. Staph is a *real* trouble maker. Staphylococcus aureus—to be more formal—is vicious. It invades every part of the hospital. Wherever there are people, it can multiply. In dust, staph lives for weeks waiting to re-infect.

Once staph gets on the loose, there's no telling where it may turn up next . . . operating rooms . . . nurseries . . . patient rooms . . . laundry . . . food service. Among insidious troubles it can cause are postoperative wound infection . . . staphylococcal pyoderma . . . puerperal mastitis . . . staphylococcal pneumonia and enterocolitis.

(Editor's note: In fact, staph infection can pave the way for strep infection, too. If strep gets into a wound with antibiotic-resistant staph . . . parenteral penicillin won't stop or prevent strep infection even when the strep organisms are penicillin sensitive.)

Stopping staph troubles—or never letting them start—that's the problem. Careful attention to *total* environmental asepsis. . . critical evaluation of disinfection procedures and the disinfectants used . . . is an important part of the answer.

Take Lehn & Fink disinfectants, for instance. All four—Lysol®, O-syl®, Amphyl® and Tergisyl™ (new detergent-disinfectant)—kill even antibiotic-resistant staph. Besides being staphylocidal, they kill all pathogenic organisms . . . including fungi and TB bacilli . . . commonly known to cause cross infection in hospitals.

Let us show you how to use our disinfectants to control the spread of staph. Won't you write us at 445 Park Avenue, New York 22, N. Y.?

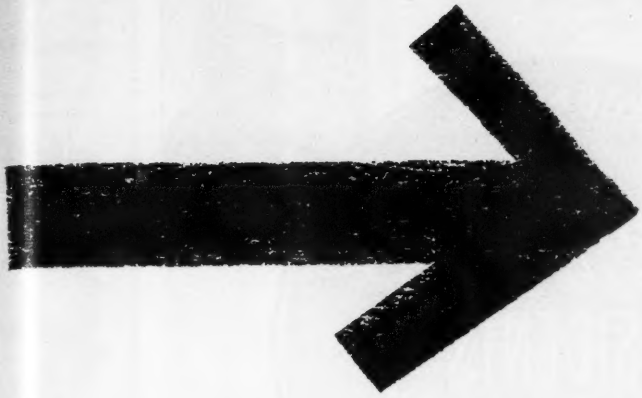
Professional Division
Lehn & Fink Products Corporation

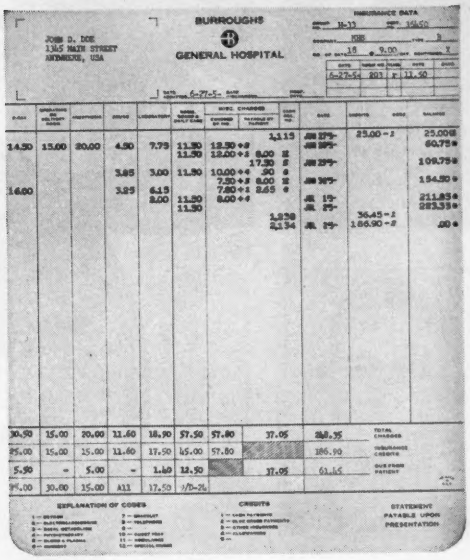
Statements of Patient After Accident are not Admissible As Evidence in Her Favor

■ Mrs. Willie Smith Lagrone, was admitted as a paying patient to the Mississippi Nursing Home, an institution duly licensed as a Nursing Home. Mrs. Lagrone was about 76 years of age, and was an ambulatory patient, not being confined to her bed or a wheel chair but being able to walk and move about without assistance. She was, however, afflicted with cerebral arteriosclerosis, the effect of which was to subject her to an occasional dizzy spell.

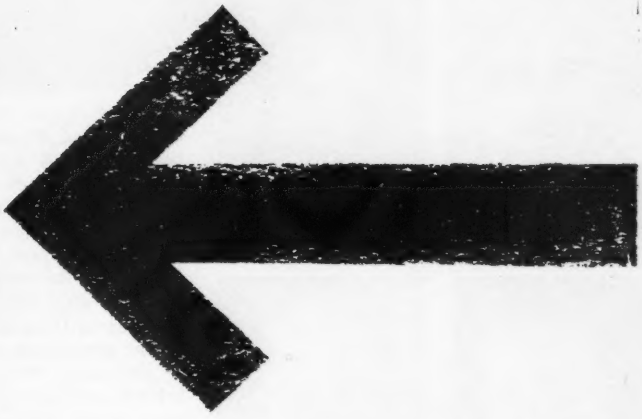
On the night of January 2, 1957, at about 8 o'clock, she had been in the living room of the Home viewing and listening to television, and

Please turn to page 135





HOW DO YOU ACCOUNT FOR IT?



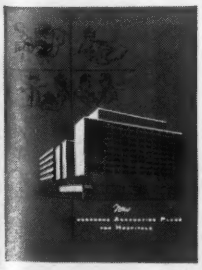
Best Way: On a Burroughs Sensimatic Accounting Machine

Naturally! When you do patient accounting on a Sensimatic, you cut clerical costs, clerical work to a new minimum.

- HANDLE SERVICE CHARGE SLIPS *ONCE*. Sensimatic's 19 memory units accumulate charges of each department during daily posting of patients' statements. Day-end totals? A simple matter of letting the machine automatically distribute these stored-up totals to the proper accounts.
- QUICKLY PROCESSED, ITEMIZED PATIENTS' BILLS show charges to patient and to insurance company. The neat, understandable carbon duplicate usually satisfies insurance company requirements.
- SIMPLICITY, FLEXIBILITY OF OPERATION. Newly trained operators quickly master the Sensimatic, can soon use it to perform other accounting jobs—inventory, accounts payable, budget and payroll.

Each of these advantages is a money-saving step toward the time when the Sensimatic will have paid for itself—and it doesn't take long! Call our nearby branch today for full details and a free demonstration. Burroughs Corporation, Burroughs Division, Detroit 32, Michigan.

Burroughs and Sensimatic—TM's



Burroughs Corporation

"NEW DIMENSIONS / in electronics and data processing systems"

Send for this free booklet:
"Burroughs Accounting Plans for Hospitals"

For more information, use postcard on page 145

The remainder of the photographs had not arrived at deadline time.

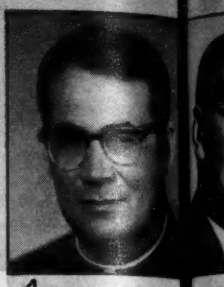
HOSPITAL MANAGEMENT BREAKFAST of the PRESIDENTS

1938 hm

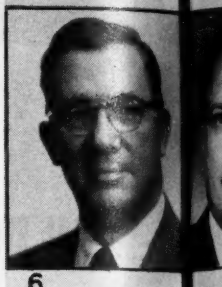
1

2

3


4

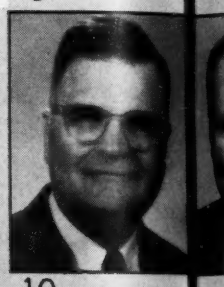
5


6

7

8

9


10

11

12

13

14

15

16

17

18

19

20

21

22

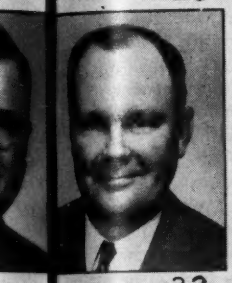
■ HOSPITAL MANAGEMENT'S Breakfast of Presidents originated in 1954 and has been held each year during the annual convention of the American Hospital Association.

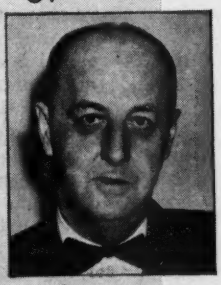
This breakfast honors and recognizes the men and women who give their time and services to their state and regional associations, by serving as the head officer. To these leaders, a major share of credit must go for the work done by these groups in their communities with the aim of advancing hospital care.

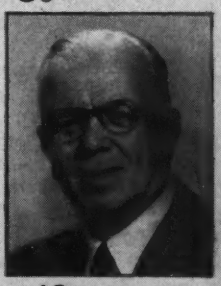
HOSPITAL MANAGEMENT is proud to salute this group of hospital leaders.

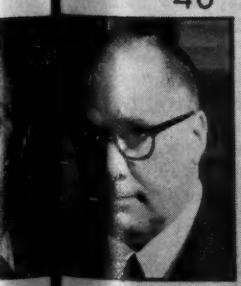
1. Chief Judge Nelles V. Buchanan, Associated Hospitals of Alberta.
2. Mr. Charles C. Boone, South Carolina Hospital Association.
3. I. Herbert Scheffer, M.D., Hospital Association of Rhode Island.
4. Rev. John Weishar, Illinois Hospital Association.
5. Mr. Henry Lahaug, North Dakota Hospital Association.
6. Mr. Robert C. Kniffen, Connecticut Hospital Association.
7. Rt. Rev. Msgr. A. C. Dalton, Massachusetts Hospital Association.
8. David B. Wilson, M.D., Mississippi Hospital Association.
9. Mr. Harvey M. Clymer, Virginia Hospital Association.
10. Mr. Sample B. Forbus, North Carolina Hospital Association.
11. A. C. Kerlikowske, M.D., Tri State Hospital Assembly.
12. Mr. H. E. Atkins, South Dakota Hospital Association.
13. Sister Alice Marie, Wyoming Hospital Association.
14. Mr. Harold C. Mickey, Upper Midwest Hospital Conference.
15. Mr. Richard Highsmith, California Hospital Association.
16. Mr. Kenji Goto, Hospital Association of Hawaii.

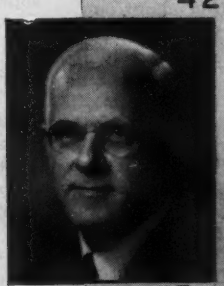
17. Mr. Victor F. Ludwig, Maryland-D. C.-Delaware Hospital Association.
18. Miss Olive M. Murphy, Indiana Hospital Association.
19. Mr. L. F. C. Kirby, British Columbia Hospitals' Association.
20. Mr. Roy R. Prangley, Colorado Hospital Association.
21. Mr. Austin J. Evans, Kansas Hospital Association.
22. Mr. James G. Carr, Jr., Midwest Hospital Association.
23. Mr. Theodore F. Childs, Hospital Association of New York State.
24. B. W. Mandelstam, M.D., Minnesota Hospital Association.
25. Mr. Gerald L. Aldridge, Nebraska Hospital Association.
26. Don Porter, M.D., Canadian Hospital Association.
27. Mr. Paul R. Hanson, Oregon Hospital Association.
28. Mr. Robert A. Ivy, Southeastern Hospital Conference.
29. Mr. Francis C. Houghton, New England Hospital Assembly.
30. Mr. Lester E. Richwagen, Vermont Hospital Association.
31. Mr. George E. Cartmill, Jr., Michigan Hospital Association.
32. Mr. Richard F. Scruggs, Arkansas Hospital Association.
33. Mrs. Charlotte Dowler, Washington State Hospital Association.
34. Mr. Freeman May, Louisiana Hospital Association.
35. Mr. W. P. Earngey, Jr., Texas Hospital Association.
36. Mr. Millard L. Wear, Georgia Hospital Association.
37. Abram, L. Van Horn, M.D., New Jersey Hospital Association.
38. Mr. T. A. J. Cunnings, Associated Hospitals of Manitoba.
39. Mr. John W. Rankin, Wisconsin Hospital Association.
40. Mr. Walter J. Rome, Hospital Association of Pennsylvania.
41. Mr. Matthew I. Barron, Maine Hospital Association.
42. Mr. William B. Barnhart, Tennessee Hospital Association.
43. Mr. Ray Amberg, American Hospital Association.
44. Ambrose P. Merrill, M.D., Middle Atlantic Hospital Assembly.
45. Mr. William S. Murphy, Kentucky Hospital Association.
46. Mr. Gilbert O. Lindgren, Missouri Hospital Association.
47. Mr. H. M. Jackson, Ontario Hospital Association.
48. Mr. Charles M. Martin, New Mexico Hospital Association. ■

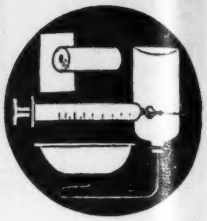












by Mary Helen Anderson, R.N.

The Use of Ultrasonics in Central Service

by Leland J. Mamer

■ THE USE of ultrasonics is relatively new in the hospital field but has been accepted in industry for many years as a new source of energy and power. The greatest use that has been made of ultrasonics is in the cleaning of all kinds of materials and equipment. Many industries are using this method as standard practice today because it does a better job than the older method of using detergents or solvents in hot bath solutions.

However, the acceptance of this new method of cleaning will be slow for several reasons.

1. Though demonstrated in the laboratory that there is unlimited uses to which ultrasonics can be applied, there is still to be accepted the real need.
2. More research is still needed to prove, finally, the technical feasibility of this type of equipment.
3. The most important to the hospital field is the matter of economics—the cost and operation of ultrasonic equipment.

What Is Ultrasonics?

A lot has been written about supersonics in the aircraft industry, especially about jet aircraft when they are flying at the speed of sound or when they break through the sound barrier. The noise level is high and the sound with resultant vibrations can be quite annoying, even to the point of rattling dishes and breaking windows in your home.

When the sound level gets above the audible range through the use of mechanical vibration, the term "ultrasonics" has been applied to best describe this new accoustical boundry. Frequencies ranging from 18,000 to 20,000 cycles per second up to a million fall in this range and are relatively quiet so far as the human ear is concerned.

As a comparison, the highest note on the piano has 3,500 vibrations per second and a level of 4,000 vibrations per second is used as the highest level for accoustically treating a room in order to make it comfortable to the ear.

Sound is caused by vibrations and travels at a speed of about 1,100 feet per second in air and about 4,700 feet per second in water. Thus, when water or liquids are subjected to high frequency sound at the ultrasonic levels, the resultant sound waves travel at great speed creating literally millions of microscopic bubbles. This is referred to as "cold boiling" or "cavitation." During the negative pressure cycle of an ultrasonic wave, liquids experience local pressures lower than the vapor pressure of the liquid and thus vapor bubbles are formed. The vapor bubbles produced are not stable because, during the positive pressure cycle of the ultrasonic wave, pressures are higher than the vapor pressure, thus causing an instaneous collapse of the bubble, or cavity as it is referred to. The implosion imparts extremely high acceleration to the liquid and any dirt or foreign matter clinging to an object in the liquid is literally torn loose. The fact that these sound waves scatter throughout the liquid means that the cavitations will reach into the minutest corners or blind spots and do an effective job. To create this cavitation at levels in the ultrasonic range, it is necessary to have a driving source of power or energy. Thus, a transducer is utilized to change one source of energy into another. In this case it is electrical energy in motion in the form of sound waves.

Transducers fall into two categories which are magnetostrictive and piezoelectric. Both convert electrical energy into sound energy. The magnetostrictive transducer develops sound energy by passing alternating current through a coil surrounding a material that changes dimensions under the influence of a magnetic field. The material used is usually nickle or a nickle alloy in the form of sheets of thin punched laminations bound together in a stack, like a deck of cards. When the AC current is applied, the stack expands and contracts, setting up mechanical vibrations. The piezoelectrical transducers are made up of slabs of material such as quartz, barium titanate and certain ferroceramics in which electrical energy is impressed across these slabs to set up vibrations. Quartz is the most stable of these and is usually used in instruments employed in therapeutic work.

The Ultrasonic Cleaner

The first piece of equipment to be accepted in the hospital was the ultrasonic cleaner which has been successfully used in industry. These cleaners utilize the two types of

Please turn to page 90

Mr. Mamer is assistant to the executive director, St. Luke's Hospital, New York City. This material is excerpted from his presentation "Ultrasonics Applied to the Hospital Field" presented at the Tri State Hospital Assembly.

In Anticoagulant Therapy

Why HEPARIN?

Heparin is the body's own anticoagulant. It is a substance which is essential in maintaining the fluidity of circulating blood and is found in all mammalian tissues. Heparin is produced in the body by mast cells which occur in perivascular connective tissue everywhere. It is found in greatest abundance in the liver and lungs. The therapeutic usage of heparin is based upon its property to inhibit the coagulation of the blood. Its timely administration will prevent thrombosis, and, even if administered after thrombosis has set in, it will prevent further propagation of the clot. In all conditions in which thrombosis or the extension of an already existing thrombus is to be avoided, the use of heparin is advisable.

When injected, heparin's *natural* action in the body is to prevent the conversion of prothrombin to thrombin (antithrombin action). By neutralizing thromboplastin, it also acts as an anti-prothrombin. Further, it inhibits the agglutination and deposition of platelets, thereby discouraging thrombus formation. Heparin acts directly on blood clotting constituents and does not destroy any component of blood or permanently change the normal constituents of blood. For emergency use it is the *only* anticoagulant which acts almost immediately (within a few minutes on intravenous injection). For safety's sake, its action can be terminated rapidly when necessary. Because of its rapid action, most authorities agree that initial control of thrombo-embolic diseases should be effected by means of heparin administration.

Significant differences exist between heparin and oral anticoagulants:

	HEPARIN	ORAL ANTICOAGULANTS
Latent Period	Immediate Effect I.V.	24-48 Hours
Effect on Prothrombin Level of Blood	Slight	Markedly Lowered
Effect on Coagulation Time of Blood	Markedly Prolonged	Slightly Prolonged
Regulation of Anticoagulant Action	Easy	Difficult
Suspension of Action	Rapid	Delayed
Duration of Anticoagulant Action	12-24 Hours	Several Days
Mode of Administration	Parenteral Only	Oral

Combined heparin-oral anticoagulant therapy overcomes one of the disadvantages of oral therapy by making available the immediate action of heparin on coagulation time during the induction period of the oral drug.

Thus the use of oral anticoagulants in hospitals complements but does not replace the use of heparin. To date, no other substance has proven as effective as heparin in the prevention and treatment of thrombosis and embolism.

Why LIQUAEMIN®?

Purified heparin was first made available to physicians and hospitals in the United States in 1939 as Liquaemin Sodium 'Organon'. Organon's experience in the manufacture of heparin thus antedates that of all other companies. Because and through this long experience in heparin manufacture, not only is Liquaemin Sodium biologically standardized, but before its release is subjected to sixteen extra safety tests, several more than required by the U.S.P., to assure maximal effectiveness and safety of the preparation. Liquaemin Sodium offers only the purest grade of heparin, and solutions of Liquaemin are water-white in appearance. Thus, just as heparin has remained the only satisfactory compound of its group, Liquaemin has remained the standard heparin preparation since its introduction.

Liquaemin Sodium can be obtained in a variety of dosage forms and strengths, from the original low concentration of 1,000 U.S.P. Units (approx. 10 mg.) per cc for continuous intravenous drip, to the 20,000 U.S.P. Units (approx. 200 mg.) per cc in gelatin, to the 20,000 U.S.P. Units (approx. 200 mg.) per cc aqueous solution for convenient intramuscular depot anticoagulant effect. With its 20,000 U.S.P. Unit per cc aqueous solution of Liquaemin, Organon pioneered the now widely accepted concept that prolonged heparin effect can be achieved by injecting intramuscularly an *aqueous* solution of high concentration-low volume heparin.

These facts—dependability, purity, potency, safety—have established Liquaemin Sodium as the heparin of choice in hospitals throughout the United States.

Liquaemin Sodium is supplied in the following strengths and package sizes:

Aqueous Solutions

1,000 U.S.P. Units per cc (approx. 10 mg.)—10-cc vials

5,000 U.S.P. Units per cc (approx. 50 mg.)—10-cc vials; 1-cc ampuls

10,000 U.S.P. Units per cc (approx. 100 mg.)—4-cc vials; 1-cc ampuls

20,000 U.S.P. Units per cc (approx. 200 mg.)—2-cc vials; 1-cc ampuls; 1-cc ampuls with disposable syringe

In Gelatin

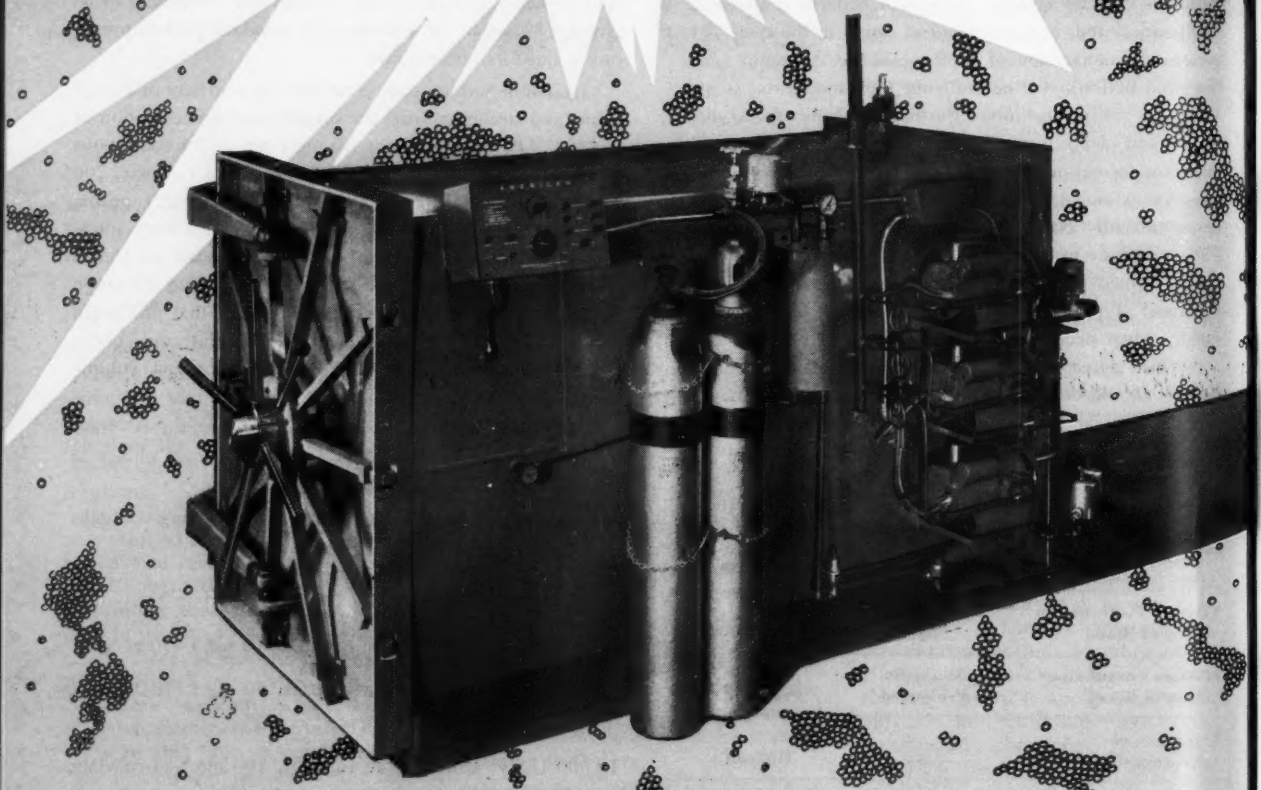
20,000 U.S.P. Units per cc (approx. 200 mg.)—2-cc vials

For detailed literature and dosage information, write:

Organon INC. · ORANGE, N. J.

For more information, use postcard on page 145

A *NEW* WEAPON IN THE WAR AGAINST STAPH!



AMERICAN

MATTRESS *and* BEDDING DISINFECTOR *with special* LOADING CAR

A special-purpose Ethylene Oxide unit combining minimum investment and low processing cost with simple, effective operation

AMSCO

AMERICAN STERILIZER

ERIE • PENNSYLVANIA

Write today for bulletin SC-306

WHEN YOU TREAT INFECTIONS IN PATIENTS SUCH AS THESE

- debilitated
- elderly
- diabetics
- infants, especially prematures
- those on corticoids
- those who developed moniliasis on previous broad-spectrum therapy
- those on prolonged and/or high antibiotic dosage
- women—especially if pregnant or diabetic

the best broad-spectrum antibiotic to use is

MYSTECLIN-V

Squibb Tetracycline Phosphate Complex (Sumycin) and Nystatin (Mycostatin) — Sumycin plus Mycostatin

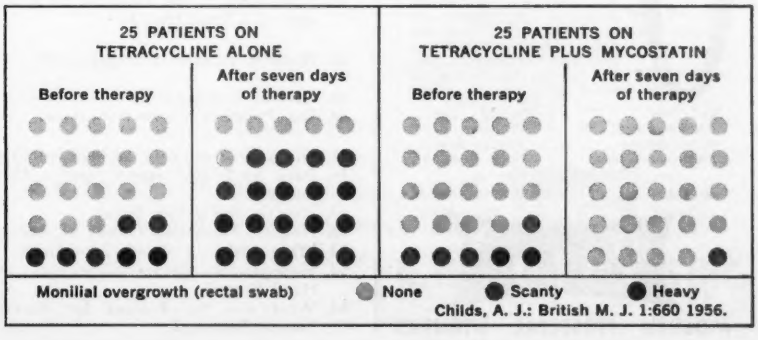
for practical purposes, Mysteclin-V is sodium-free

for "built-in" safety, Mysteclin-V combines:

1. Tetracycline phosphate complex (Sumycin) for superior initial tetracycline blood levels, assuring fast transport of adequate tetracycline to the infection site.

2. Mycostatin—the first safe antifungal antibiotic—for its specific antimonilial activity. Mycostatin protects many patients (see above) who are particularly prone to monilial complications when on broad-spectrum therapy.

MYSTECLIN-V PREVENTS MONILIAL OVERGROWTH



Childs, A. J.: British M. J. 1:660 1956.

Capsules (250 mg./250,000 u.), bottles of 16 and 100. *Half-Strength Capsules* (125 mg./125,000 u.), bottles of 16 and 100. *Suspension* (125 mg./125,000 u.), 2 oz. bottles. *Pediatric Drops* (100 mg./100,000 u.), 10 cc. dropper bottles.

SQUIBB

Squibb Quality—the Priceless Ingredient

'MYSTECLIN,'® 'MYCOSTATIN',® AND 'SUMYCIN' ARE SQUIBB TRADEMARKS

For more information, use postcard on page 145

for
23 years
HOSPITAL PREFERRED

sheet size
5" x 9"

Wipettes®

YOU ORDER FROM
AMERICAN HOSPITAL SUPPLY CORP.
Evanston, Illinois

manufactured by the
SANITARY PAPER MILLS, Inc.
East Hartford 8, Conn.

NEW LOW PRICES!
40

ZYLON Molded Utensils are now priced well *below* comparable metallic items . . . yet cannot dent, chip, rust or corrode! Fully autoclavable, the naturally warm, smooth white or aqua plastic eliminates pre-warming and is quieter, for increased patient comfort. See your Distributor for the full Zylon line now at *lowest hospital prices ever:*

Bed Pan
Emesis Basins
Wash Basins
Medicine Glasses
Forceps Jars
Tumblers
Sponge Bowls,
Soap Dish, etc.

ZYLON PRODUCTS CO., INC.
40 Church St., Pawtucket, R. I., U. S. A.

ZYLON®
MOLDED HOSPITAL UTENSILS

HM Reprints

The following reprints, in limited quantities, of feature articles which have appeared, are available in easy reference form. Their cost is nominal. Right reserved to limit quantity while supply lasts.

Please order by number, enclosing exact amount — money order, check or coin.

10c Each

1. Hospital Administration
2. Selecting A Hospital Administrator
3. The Administrator and the Board of Trustees
4. The Seven Deadly Sins of Trusteeship
5. Chief of Staff
6. The Growing Influence of Hospital Accreditation

7. Small Hospital Saga of Integration
8. Staffing at the Administrative Level
9. Opportunities for the Administrators in Mental Hospitals
13. Hospital Attendant Selection

14. The Art of Persuasion
15. Fund Raising Contracts

17. Know What Your Funds are Producing
19. Rehabilitation—A Community Responsibility
20. Before You Disclose Information in Medical Records
21. The Medical Record Librarian
22. Business Machines in the Hospital Accounting Office
23. Telephone Facsimile

24. The Hidden Tax on Hospital Employees
28. Ten Commandments of Good Communication
30. Floor Cleaning Is More than Sanitation
31. Scheduling for the Housekeeping Department
32. Boost Patient Morale
35. Safe Practice in Oxygen Therapy
36. How Much Work Is Done in Your Laboratory
37. On the Subject of Convalescent Care
38. Nosocomial Infections
39. This Recovery Room Solved Our Problems
40. The Problem of Emergency Service
41. Experiences in the Handling of a Disaster in a Small Hospital

42. Hospital Portable Emergency Kit

43. Cardiac Emergency Kit
44. The Pharmacy Committee Serves

45. Pharmacy Service in Smaller Hospitals
46. Does the Small Hospital Need a Pharmacist?
47. How Central Service Grows
48. Hospital Purchasing Comes of Age
52. What Makes a Good Supervisor?
53. Management Responsibilities of the Head Nurses
54. What Are the Reasons for Nursing Service Turnover?

Captain J. E. Stone, F.A.C.H.A.
Charles U. Letourneau, M.D.

Emanuel Hayt, LL.B.
Charles U. Letourneau, M.D.
Charles U. Letourneau, M.D.

Charles U. Letourneau, M.D. and Donald Boehme, M.S.H.A.
Lucy Freeman
Ray E. Brown

Robert E. Wallace
John L. Holland, Ph.D.; Fredrick B. Rowe, M.A.; Fred L. Roath; G. Bart Stone, Ph.D.
Louis J. Lonni
Kenath Hartman, M.S.H.A.

Louis Block, Dr. P. H.

Dr. Dean Roberts

Charles U. Letourneau, M.D.
Dabney P. Gilliland

S. David Kaufman, C.P.A.
J. Gershon Cohen, M.D.; Bernard S. Wolf, M.D.; A. G. Cooley
George Adams

C. H. Clark

Emma Morgan
Sanford Kotzen
John A. House

D. Hugh Starkey, M.D.
E. M. Bluestone, M.D.
Charles U. Letourneau, M.D.

Donald E. Gilbert
Charles U. Letourneau, M.D.

Paul E. Campbell, M.D. and Robert M. Jones
P. Arthur Capitanelli, M.S.H.A. and Dorothy M. Hughes, R.N.
C. K. Elliott, M.D.
Kenneth R. Nelson, M.D.; Charles U. Letourneau, M.D.; C. K. Himmelsbach, M.D.
Daniel F. Moravec

A. M. Donnell
Eva Noles, R.N.
Charles U. Letourneau, M.D.
Harvey Schoenfeld

Elinor D. Stanford

Louis Hough, Ph.D.

55. Economics Affecting the Growth of Hospital Schools of Nursing	Edgar O. Mansfield, M.S.H.A.
56. Standardization—Its Application in the Field of Anesthesia	William H. L. Dornette, M.D.
57. What Is the Present Status of the Nurse Anesthetist?	Charles U. Letourneau, M.D.
60. The Written Personnel Policy Is Not the Answer	E. H. Heyd
61. Automation, Centralization, Production-Line Techniques	Marion Tate, B.S., M.S.
62. Good Hospital Housekeeping Means Good Cleaning Procedure	Sister Clarissa
63. Some Legal Aspects of Hospital Purchasing	J. V. Terenzio, B.A., M.S.H.A. Charles U. Letourneau, M.D. Lieut. Robert McGrath
64. The Hospital of the Future	
65. Real Fire Fighting Is Real Life Insurance	
66. Some Recent Legal Decisions Indicating Trends	Joseph V. Terenzio, LL.B., M.S.H.A. Charles U. Letourneau, M.D.
67. Control of Surgical Privileges	
69. The Operations of a Pharmacy and Formulary Committee	Joseph L. Ponka, M.D. Henry J. Gartland
70. Hospital Library Service	
71. Prepaid Medical Care Plans for Our Senior Citizens	Thomas P. Weil
74. Gas Sterilization	
75. The Handling of Narcotics In Federal, State, County And City Hospitals	George F. Archambault, Ph.C, LL.B., D.Sc. and Arthur W. Dodds, Ph.C.
76. The Nurse Should Take Things As They Come	Clement C. Clay, M.D.
77. The Medical Social Worker	J. A. Rosenkrantz, M.D. and Pascal F. Lucchesi, M.D.
78. The Medical Library In The Small Hospital	Charles U. Letourneau, M.D. Alice Wessels Burlingame
79. Is Horticultural Therapy Your Answer?	
80. Osteopaths and Foreign Medical Graduates	Charles U. Letourneau, M.D.
81. The Administrator's Responsibility in Financial Management	Victor F. Ludewig
82. Eligibility for Free Hospital Service	Roger N. White
83. Human Relations in the Hospital	Marjorie Saunders, LL.B.
84. The Nurses Duty to the Hospital	Charles U. Letourneau, M.D.
85. Supervisory Development	Keith O. Taylor
86. Keep Nurses In Nursing	Irwin Deutscher
87. Injection Techniques and Their Estimated Cost	R. B. Tinker, Ph. D., R. A. Hill, M.S.

25c Each

101. Planning and Furnishing an Operating Suite	Herman Berber
102. This Thing Called Color	Roy Johnson
103. Hospital Medication Injection Costs	James A. Hunter, M.D. and Associates
104. Your Responsibility for Narcotics	Arthur W. Dodds, Ph.C. and George F. Archambault, Ph.C., LL.B., D.Sc.

M-7

Enclosed find $ cash—money order—check to cover the ———— reprints circled below at (10c) (25c) each. NOTE: Minimum order $1.00. Right reserved to make substitution if necessary.

1	2	3	4	5	6	7	8	9	13	14	15	16	17
19	20	21	22	23	24	28	30	31	32	35	36	37	38
39	40	41	42	43	44	45	46	47	48	52	53	54	55
56	57	60	61	62	63	64	65	66	67	69	70	71	74
75	76	77	78	79	80	81	82	83	84	85	86	87	
101	102	103	104										

NAME **TITLE**

HOSPITAL

STREET

CITY **ZONE** **STATE**

MAIL TO: Reprint Editor, Hospital Management, 105 W. Adams St., Chicago 3, Ill.

Onan ELECTRIC PLANTS

ELECTRIC PLANT NEWS

Power outages can do no harm in this hospital

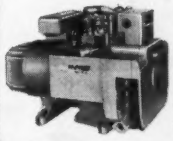
Onan Electric Plant supplies emergency power for lighting and all vital electrical equipment

An Onan Emergency Power System protects patients and personnel. Supplies current for lighting corridors, operating rooms, delivery rooms, stairways; provides power for heating system, ventilators, elevators, X-Ray machines, and other vital equipment.

Your hospital is assured of electric power at all times with Onan Emergency Electricity. *Operation is completely automatic.* When highline power is interrupted, the plant starts automatically; stops when power is restored.

Models for any size hospital—1,000 to 200,000 watts A.C.

Complete standby systems at lower cost



Onan Vacu-Flo cooling permits using *air-cooled* models in many installations at a considerable saving. Check Onan before you specify.

See your architect or engineer

Onan ELECTRIC PLANTS

Write for Standby Folder

D.W. ONAN & SONS INC.

3108 A University Avenue S. E.
Minneapolis 14, Minnesota

MAMER

Continued from page 84

transducers mentioned earlier and do an effective job of cleaning in about 80 to 90 percent of the time.

When considering ultrasonic cleaners, it is important to know the type of transducer being used; the number of transducers attached to the cleaning tank; the size of the generator; whether washing and rinsing is done in one tank or does each require a separate tank; is there a separate rinsing nozzle; is there a timer and will it shut off the unit at the end of the cycle; is there a water temperature thermostat; is there a built-in drier or is it a separate unit; is there a timer and temperature control; what is the construction of the cabinet.

There are other esthetic values perhaps that are appealing, such as control panel layout, but the important things are, will it do a good cleaning job over a period of several hours, is service readily available should it be needed, is the manufacturer reliable and how much does it cost to buy and install. Be sure the unit has FCC and UL approval and conforms to NEC and Plumbing Codes.

The amount of work to be done will determine the size of the unit to be purchased.

The big advantage is the saving in time and manpower over hand operation, plus a more thorough cleaning of the instruments. Cleaning of needles and syringes is possible providing the water can reach all areas. If they are tightly plugged so that water does not reach all areas, it will be necessary to put them through several cycles to do an effective job. Research has proven that many "frozen" syringes can be freed in an ultrasonic cleaner.

To assist in this cleaning process, it has been necessary to develop wetting agents that do not suds but assist in the penetration of all surfaces for the cavitation to reach and do a more effective job.

Other Uses of Ultrasonics in the Hospital

The uses of ultrasonics for dishwashers and clothes washers is being studied and no doubt we will see such units in the not too distant future.

An ultrasonic instrument has been developed for destroying diseased tissue, such as tumors, or in detecting the difference between healthy tissue and malignant or non-malignant growths. This instrument is supposed to have been successfully developed for ultrasonic surgery wherein energy of destructive level is pinpointed at organs requiring resection or for lobotomies. Brain tumors can be treated with this instrument without destroying healthy tissue. This technique is still experimental though successful procedures have been made. This instrument develops high ultrasonic energy at a small focal point, similar to a beam, which destroys the tissue at that point.

There will be developed other applications using ultrasonics as the source of energy. Ultrasonics can be used along with other sterilizing techniques such as high temperature steam or ultraviolet radiation that produces faster results. This method is being used commercially.

The use of ulrasonics for burglar alarms and fire detection is already a proven fact; the use of ultrasonics for removal of scale in boilers and water heaters is also a possibility.

However, the cost factor will determine how rapidly all this type of equipment will be accepted in the hospital field. ■

"He's cross as a bear until he gets Continental Coffee!"

Write for free trial package

Continental Coffee

AMERICA'S LEADING COFFEE

for Restaurants, Hotels and Institutions

CHICAGO • BROOKLYN • TOLEDO • SEATTLE

Housekeeping

Work Organization and Simplification

by James F. Gunter

Part I

■ WHO MAKES the bed in the vacated room? Who does the job and how is it done? The job should be done in the easiest and most efficient manner possible. Someone in the organization must have definite responsibility for getting the job done.

Careful consideration should go into preparation of the organizational and operational plan for the housekeeping department. Work together smoothly and efficiently. Some organization must exist in all work no matter how small or unimportant the job. If only one person is responsible for the housekeeping, that person must organize the work so that proper emphasis is given to the various details of the job and the right amount of time is allotted to each phase or part of the operation. The question for consideration then is not one of whether or not to organize our work but how our existing organization can be improved.

The plan for carrying out the housekeeping function in the hospital must be coordinated with the overall operational plan of the hospital.

The plan must be "tailor made" for the particular institution. Whether or not a formalized operational plan has been established for the entire hospital should not prevent the organization of the housekeeping work.

The housekeeping department is assigned the mission of keeping the hospital clean. The executive housekeeper makes an estimate of the situation, and factors to be considered may include:

1. Operation plan of other departments for coordination.
2. Size, age and layout of the building.
3. Patient load and type of patients.
4. Equipment and supplies needed.
5. Availability and capabilities of employees.
6. Visiting hours.

Whatever plan is used should be simple, flexible and timely. The simplest plan is more easily understood and carried out by all concerned and will permit better check on performance. The plan must be flexible. No one plan of operation will be suitable for all hospitals. Continuing study and changes are necessary to keep up with the times. New developments in medical science, changes in operational procedures, modifications in equipment, changes in personnel and the like will require changes in the organization to make maximum use of equipment, personnel and supplies.

Common Sense

Simplification or "methods improvement" is the use of good common sense to find betters ways of doing work.

Most progressive housekeepers use some of the tools and techniques of methods improvement in planning the work of their departments. One of the main objectives of hospital methods improvement programs is to stimulate an atmosphere of consciousness among all personnel in the hospital. The best way to attain this goal is to train supervisors in better ways of doing their job.

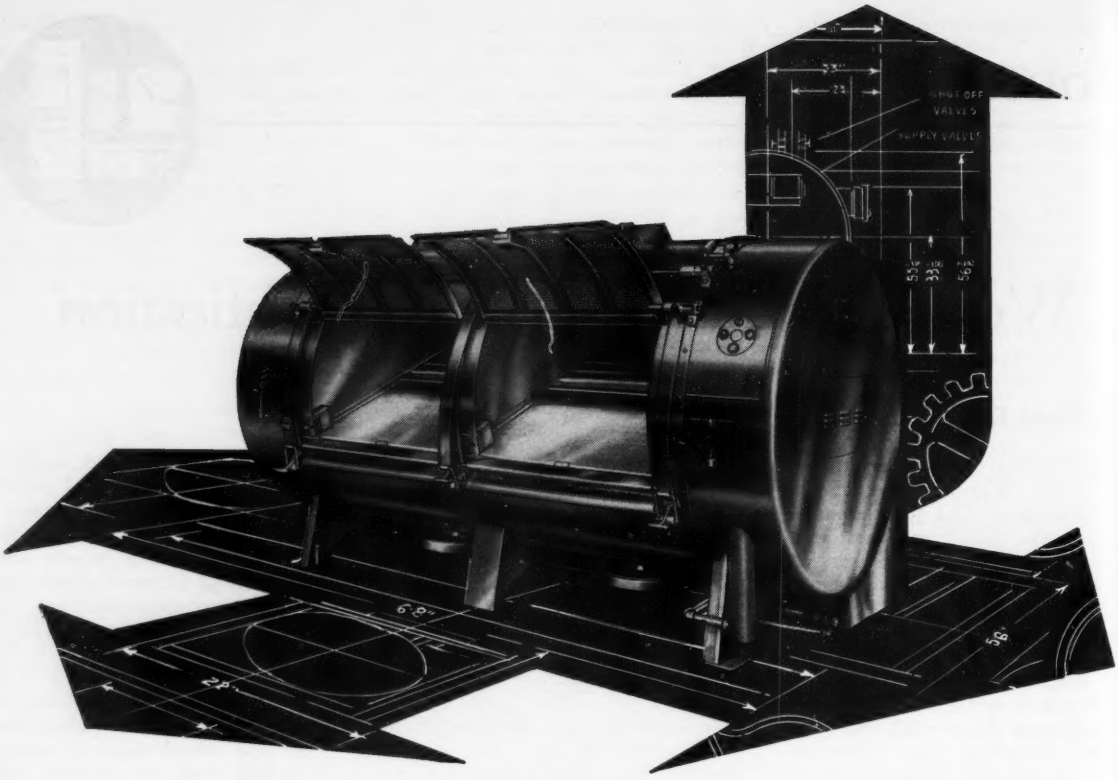
A methods improvement program for the housekeeping department must fit into the overall hospital program. The housekeeper as a part of the top management team in the institution should be familiar with the objectives and tools of methods improvement and should plan their use in her department.

Like the job of organizing the department there are definite steps that should be followed in studying and improving work methods. We can outline these steps in five broad divisions:

1. *Select the job to improve*:
   This could include the way of scheduling work for employees, the way actual cleaning is done, the way walls are washed, procedure for training new employees and other operations.
2. *Break down the job into its separate parts or details*:
   There are forms (flow process charts and diagrams) that are used in listing the various details or separate operations involved in completing the work.
3. *Analyze the job*:
   In analyzing the job you would look at the break down of each operation. Is each operation necessary? If so, ask the question: How? Why? When? Where? and What? about each detail or part. You would consider combining operations or rearranging the procedure to insure better results.
4. *Develop the new method*:
   From the information collected and analyzed as indicated above, a new method is developed. Unnecessary work is eliminated, some tasks are combined with others and changes are made in sequence of performance or in personnel responsible for the project. In deciding on the final method careful consideration must be given to the "cost" and "human relations" factors.
5. *Apply the new method*:
   The new method must be sold to the personnel. Some in-service training may be required. When

Please turn to page 101

This article was written while Mr. Gunter was Hospital Administration Consultant, Division of Hospital Services, Georgia Department of Public Health. He is now assistant administrator of the City of Marietta Hospital Authority Kennestone Hospital, Marietta, Georgia.



The hidden dimensions

IN LAUNDRY MACHINERY

Beyond the blueprints and floor plans, behind the specifications and cost figures, there are other important dimensions to be considered in the purchase of laundry machinery. These are in large part measures not of the machine, but of its manufacturer.

Troy, as the nation's oldest manufacturer of power laundry machinery, is proud of the way it has measured up in integrity and service during its 90-year history. The company holds an enviable reputation for truly objective surveys and equipment recommendations. In addition, Troy's nationwide sales and service representation with adequate stocks of genuine repair parts assures buyers of continuing satisfaction with the performance of Troy equipment. The company's program of pioneering research and development of new equipment is unsurpassed in the industry.

These are a few of the reasons why buyers can continue to look with confidence to Troy's complete line of quality laundry machinery.

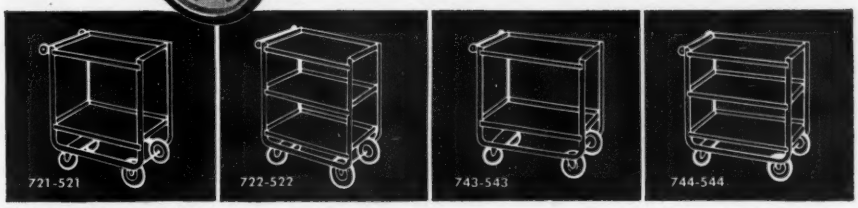
Troy®
LAUNDRY MACHINERY DIVISION
American Machine and Metals, Inc.
EAST MOLINE, ILLINOIS

this is the IMPERIAL

BY LAKESIDE

the ultimate in heavy-duty stainless steel carts

Here's real value . . . rugged performance . . . in a sparkling new Lakeside line. Satiny stainless steel, reinforced at every point of stress — to carry heavy loads easily, safely for years and years. Perfect balance, plus extra-heavy wheel bearings, means Imperial carts glide easily and silently, even over the roughest floors. Imperial is ready to work for you now at a cost that will surprise you . . . pleasantly.



Another first for Lakeside!

Imperial stainless steel carts are the first to be approved by the National Sanitation Foundation under their Standard No. 2. When ordering, simply specify "N.S.F. Approved" model number.

VITAL STATISTICS

IMPERIAL LINE	721	722	743	744
Number of Shelves	2	3	2	3
Size of Shelves	18 x 27	18 x 27	21 x 33	21 x 33
Over-all Size	19 x 33 x 35	19 x 33 x 35	22 x 39 x 37	22 x 39 x 37
Clearance between Shelves	19"	10"	21"	11⅜"
Stainless Steel in Shelves	18 ga.	18 ga.	18 ga.	18 ga.
Stainless Steel in Legs	1 x 1 x ⅛	1 x 1 x ⅛	1 x 1 x ⅛	1 x 1 x ⅛
Diameter of Wheels	8"—5"	8"—5"	8"—5"	8"—5"
Standard Bumper Equipment	Donut Handle Two Leg			
Carrying Capacity	600 lbs.	600 lbs.	600 lbs.	600 lbs.
Shipping Weight	43 lbs.	55 lbs.	59 lbs.	74 lbs.
List Price f. o. b. Milwaukee	**$89.50**	**$118.00**	**$119.50**	**$147.00**
N.S.F. Approved Construction	521	522	543	544
List Price f. o. b. Milwaukee	**$116.50**	**$138.00**	**$138.50**	**$165.00**

Slightly Higher in West. Subject to Change.

It glides easily, silently.

It's perfectly balanced.

It's rugged . . . double-durable.

It's built to last . . . and always looks new.

She'll like to work with Imperial

LAKESIDE MFG. INC., 1974 S. Allis St., Milwaukee, Wisconsin

Certainly, I'm interested in learning how the new Imperial line of stainless steel carts can help me.

☐ Please rush additional information.
☐ Please have dealer call.

Name .....

Address .....

City ..... State .....

Signed .....

LAKESIDE

MANUFACTURING INCORPORATED

1974 South Allis Street, Milwaukee 7, Wisconsin

America's leading manufacturer of Stainless Steel Carts and Trucks

For more information, use postcard on page 145

Static Electricity and Corrective Measures in Operating Rooms

by Daniel M. Roop, P.E.

Administrative Engineer
Baptist Memorial Hospital
Memphis, Tennessee

Part I

■ THE MAJORITY of explosions in hospital operating rooms have been at the mouth of the patient. Although not necessarily fatal at this point, the explosion travels into the patient's lungs, generally resulting in death, damage to property and painful injuries to the attending staff.

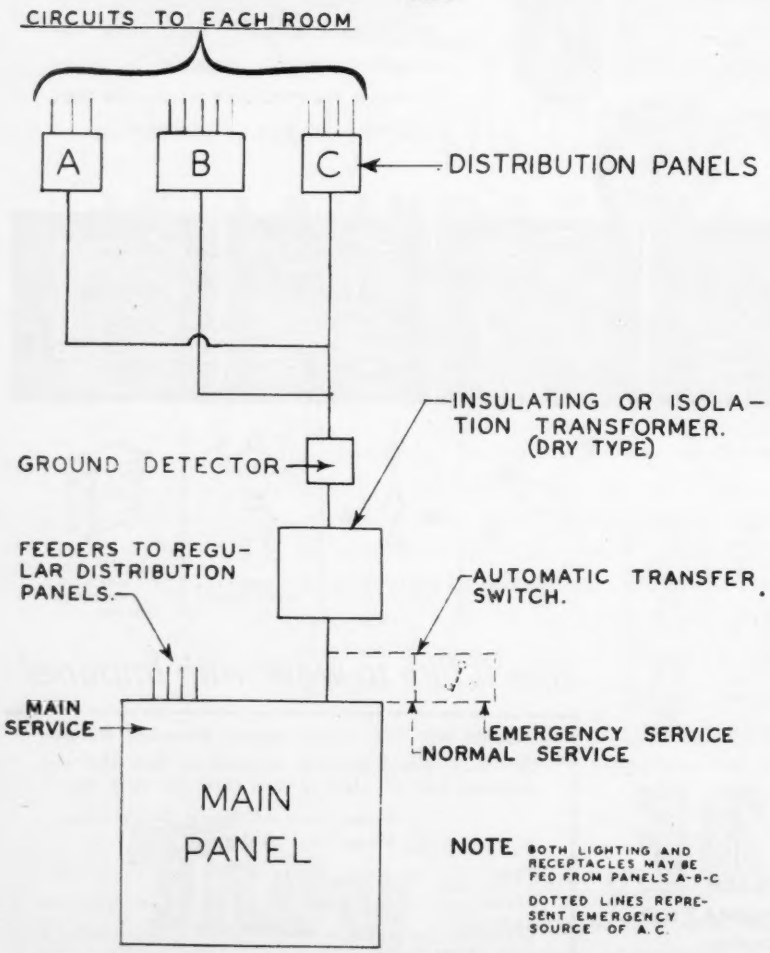


Fig. 1. Diagram showing ungrounded distribution system in OR suite.

Heat, fuel and oxygen are three basic factors which combine in many ways to start a fire or explosion.

Electrical systems and equipment, open flames, percussion sparks, improper handling of oxygen, nitrous oxide anesthetizing equipment and static spark (the most common) are primary sources of hazards in the operating area.

Electrical Hazards

It is common knowledge in electrical systems that if a connection between two points at different electrical potential (or pressure) involves the body of a person, he is likely to suffer an electrical shock. If such a connection between two points at different electrical potential is made by metallic conductors, there is likely to occur a spark, an arc or intense heating of one or more of the metallic conductors.

In most instances where the above hazards occur, generally safeguarding against one hazard is effective against the other. There are cases where this is not always true, so we must consider both hazards in trying to eliminate or correct either of them.

Operating Room Dangers

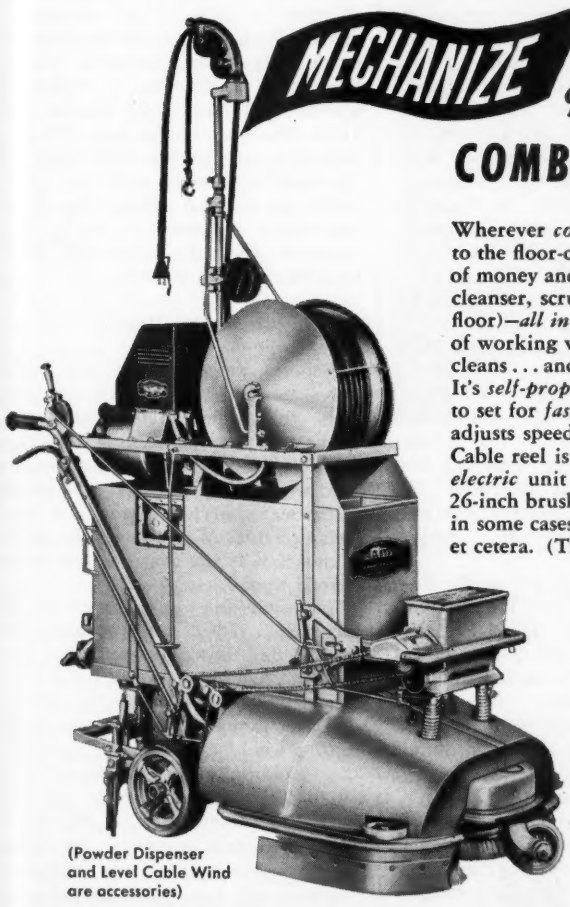
Secondly, electrostatic spark discharges can be considered as a hazard of great significance. The primary hazard from this source is the ignition of flammable gases. Such electrostatic charges can set up dangerous potential differences only in the presence of electrically nonconducting materials, that is, insulators which act as barriers to the free movement of such charges and prevent the equalization of potential differences.

This simply means, as an example, that an operating room table may

Please turn to page 112

Let's not clean away dollars and man-hours with costly, inadequate floor care

MECHANIZE *your floor-cleaning with a* COMBINATION SCRUBBER-VAC!



(Powder Dispenser and Level Cable Wind are accessories)

Wherever *combination-machine-scrubbing* is the practical solution to the floor-cleaning problem, any lesser, slower method is wasteful of money and manpower. A *Combination Scrubber-Vac* applies the cleanser, scrubs, flushes if required, and picks up (damp-dries the floor)—*all in one operation!* Maintenance men like the convenience of working with this single unit . . . the thoroughness with which it cleans . . . and the features that make the machine simple to operate. It's *self-propelled,* and has a *positive* clutch. There are no switches to set for *fast* or *slow* — slight pressure of the hand on clutch lever adjusts speed to desired rate. The powerful vac performs quietly. Cable reel is self-winding. *Finnell's 213P Scrubber-Vac* at left, an *electric* unit for heavy duty scrubbing of large-area floors, has a 26-inch brush spread. Cleans up to 8,750 sq. ft. per hour (and more in some cases), depending upon condition of the floors, congestion, et cetera. (The machine can be leased or purchased.)

Finnell makes *Scrubber-Vac Machines* in a full range of sizes, and *gasoline* or *propane powered* as well as *electric* models. From this complete line, you can choose the size and model that's exactly right for *your* job (no need to *over-buy* or *under-buy*). It's also good to know that *a Finnell Floor Specialist and Engineer is nearby* to help train your maintenance operators in the proper use of the machine . . . to recommend cleaning schedules for most effectual care . . . and to make periodic check-ups. For demonstration, consultation, or literature, phone or write nearest *Finnell Branch* or Finnell System, Inc., 2710 East Street, Elkhart, Indiana. Branch Offices in all principal cities of the United States and Canada.

FINNELL SYSTEM, INC.

Originators of Power Scrubbing and Polishing Machines

Everything FINNELL for Floor Care

BRANCHES IN ALL PRINCIPAL CITIES

For more information, use postcard on page 145

A DIETARY BAEDEKER

The Search for the Missing Sense

by Leo Dardarian
Consultant in Food Service

■ IT WOULD TAKE a contingent of Royal Canadian Mounties and the whole FBI to find a hospital whose people are motivated by a strong sense of cost responsibility.

We say, "Dietary is punk, but Miss Smith has been here for 37 years." or, "Let's give the order to G & R, they're awfully nice guys." or, "Sure, it's expensive but, after all, the patients are paying for it."

The reader, no matter how slight his hospital exposure, can think of hundreds of other examples where money becomes an insignificant decision-making factor. Sure, there are a lot of reasons why we shouldn't do this, or can't do that, but the most important reason to do so is that we must. If it involves a wiser use of funds or capital; a use that will result in better service at the same cost, or the same service at less, we simply have to do it.

The whole business of management is measured by the degree to which an individual can organize physical effort and materials to secure the greatest and best production. The product, whether it be pleased and healthy patients, or galvanized garbage cans, is measured by what it costs and weighted by what it does.

Do You Rationalize?

Dietary, because its products fairly well defy evaluation, is perhaps one of the least "cost responsible" departments of the hospital. We add and subtract services, employees, suppliers and products with little concern for the mileage we are getting to the dollar. We spend a fortune maintaining and replacing a fine silver service, only to transport it to the patient on a dented, beat-up aluminum tray. We spend $12.50 a thousand for fancy, specially printed tray covers and serve a ten cent beef stew that would do injustice to the poorest of truck stops. We buy the choicest beef ribs and let an ex-carpenter hack them to pieces with his skil-saw. We buy the best ticket stock for the menus and then stencil them in illegible purple ink. We buy fancy asparagus and smash them up for cream soup. What else do we do?

We turn the kitchen into one great sand box, so that all of us will have a place to play. But even play can be fatiguing, so we call it work.

We rationalize. "Henry may not be any kind of a cook, but by gum, he's here every day." "Our china breakage is high but, after all, it's terribly hot in that dishroom." "I had to give him an order just to get rid of him, but his stuff is really quite nice."

Or, we let other people do the decision making for us. We let the porter decide what to clean, the cook what goes in the soup and we let tradition and habit decide just about everything else.

But let's try to get a little more specific by taking a look at hospital food purchasing.

To summarize the most common faults of hospital food purchasing it might be said that we buy too many items, from to many suppliers, too many times and at too many different prices. There's no need to buy 14 or 15 different cuts of beef, when four or five will suit the purposes just as well and reduce the number and variety of by-products and leftovers. There's no need to have seven or eight suppliers for each group of commodities. Certainly, we need more than one per category, but who needs seven firms to supply dairy products, for example? It's all right to demand that merchandise be fresh, but why order meat or produce every day except to add to the work of the buyer, receiver, storekeeper, clerk and bookkeeper (and eliminate the necessity for anticipating our needs). Not many of us would buy anything for our personal use without asking the price, yet when it comes to buying for someone else, it's surprising how forgetful one can become.

Do You Count and Weigh?

Nobody gets mad at the bank teller for counting his deposit, nor does the teller mind when you count the money you've just withdrawn. Yet who counts the bread, who weighs the meat and who looks at the strawberries to see if the baskets are full? Who checks the price to see if it is the same as had been agreed upon?

You wouldn't make much of an impression if you went back to the bank teller days later and told her that she had shorted you eight dollars. You count it when you get it and that is just what has to be done in the kitchen. We have to verify the conditions of purchase, the amount, the price, and the quality with the merchandise at the time of arrival and it has to be done every day and with every delivery.

How much ice cream did the man put in the cabinet yesterday? The invoice says 12 gallons, but how much did he put in? When the legs of lamb came in today, how much did they weigh? I know, the invoice says 73 pounds and that's what we will pay for, but how much did they

weigh? If you can't answer these questions and all others like them, then it's high time that someone started thinking about establishing a method for the proper receipt of merchandise. And it should go into effect tomorrow.

More money is dissipated by not buying the right thing than is to be gained by careful shopping. Since the food purchased constitutes the raw material of the items to be prepared, it must not only be good but appropriate to the intended use. The world's finest tin wouldn't make a very good skyscraper, nor do tender young broilers make a very good chicken stock. The raw materials should be continually tested and evaluated and should be compared with the yield, cost and suitability of other items.

Where Is It Stored?

When the merchandise is delivered, it is put in storage, either refrigerated or otherwise, to wait until someone comes to get it. Hospitals frequently devise elaborate systems for protecting the principal storeroom from the onslaughts of the kitchen staff. But they compromise to some extent by providing the kitchen with a small storeroom, often called "day storage." Theoretically, the kitchen is to store only that merchandise required for the day's operation. What actually happens is that the day storeroom becomes a miniature of the larger room. This is like trusting the kitchen but only a little bit. Also, because there isn't too much in it, the day store room is generally left open to one and all. This amounts to the same thing as leaving the large storeroom open, because as soon as an item becomes short, more of it is requisitioned from the main storeroom.

Supplies should be slightly difficult to get; not as a precaution against pilferage, but because it makes the employee spend some time thinking about what he or she needs. It doesn't make any difference if I put three or four cans of tomatoes in the soup, if all I have to do is go get some more. Responsibility for estimating quantities required and seeing that the portion sizes are proper is dissolved because of the ready availability of more merchandise. A housewife would become short-legged indeed, if she ran to the store as often as most kitchen employees run to the storeroom.

This discussion might be somewhat harsh, but the moral necessity of utilizing the patient's dollar wisely makes a strong point.

This brings us to the single most important factor influencing food costs — the menu. But more of that another time. ■

Red Cross Nursing Services

■ THROUGH RED CROSS NURSING SERVICES, the nursing profession participates in Red Cross programs in the following ways: serving during disaster emergencies, conducting classes in care of the sick and injured and mother and baby care; training volunteer nurses' aides to serve in hospitals, public health clinics, blood centers, bloodmobile units, and visiting nurse associations; providing professional nurses for Red Cross blood centers; and enrolling nurses for community health activities. Of the 50,000 enrolled Red Cross nurses, an average of 9,200 professional nurses gave service monthly through Red Cross last year and 1,800 persons were capped as nurse's aides. A total of 218,300 home nursing certificates was issued during the year. ■

At any age

they welcome Ovaltine for extra nourishment

From pediatrics to geriatrics Ovaltine provides a rich source of the vitamins, minerals and other essential food elements required for the maintenance of a good nutritional state.

Ovaltine is a nourishing, well-tolerated beverage combining natural blandness with good taste. It produces a soothing and relaxing effect for the tense and nervous patient, particularly when taken at bedtime.

It is ideal for use where stimulating beverages should be avoided...ideal as nutritional fortification for patients on bland diets...or to help maintain a satisfactory nutritional level during physiologic stress.

Three servings of Ovaltine and milk provide:

12 Vitamins		13 Minerals	
*Vitamin A	4000 I.U.	including Calcium, Phosphorus, Iron and Iodine	
*Vitamin D	420 I.U.	CARBOHYDRATE	65 Gm.
*Ascorbic acid	37.0 mg.	*PROTEIN	32 Gm.
*Thiamine	1.2 mg.	FAT	30 Gm.
*Riboflavin	2.0 mg.		
Pyridoxine	0.5 mg.		
Vitamin B_{12}	5.0 mcg.		
Pantothenic acid	3.0 mg.		
*Niacin	10.0 mg.		
Folic acid	0.05 mg.		
Choline	200 mg.		
Biotin	0.03 mg.		

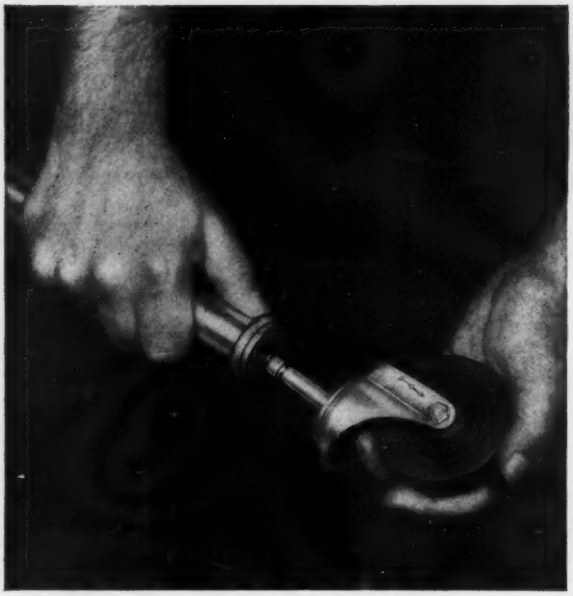
*Nutrients for which daily dietary allowances are recommended by the National Research Council.

A jar of Ovaltine will be sent for your personal use on request.

Ovaltine® *when extra nourishment is desired*

The Wander Company, 105 W. Adams St., Chicago 3, Ill.

4 ways hospitals can save money



by replacing worn casters with new top quality Bassicks

1. Rehabilitate used furniture and equipment. New casters often put new life into equipment you'd otherwise have to replace. A good point to consider in these budget-conscious times.

2. Reduce floor care and maintenance. With Bassick's new non-staining, non-marking, soft rubber tread Baco wheels, hospital floors last longer. New Bassick casters help hold those cleaning and polishing bills down, too.

3. Cut caster maintenance. Defective casters cost more to maintain than new casters do to buy. Bassick's sealed bearing construction (available on heavy and medium duty plate casters) holds maintenance to a once-a-year lubrication.

4. Save labor. When casters won't roll or swivel easily it takes more people more time to do the job. Here's where smooth rolling, easy swiveling casters can help you—by making things easier to move.

Your local Bassick distributor will be happy to show you how easily you can effect these and other savings. Call him. THE BASSICK COMPANY, Bridgeport 5, Conn. *In Canada:* Belleville, Ont.

9.52

HPF

Symbol of SW Excellence

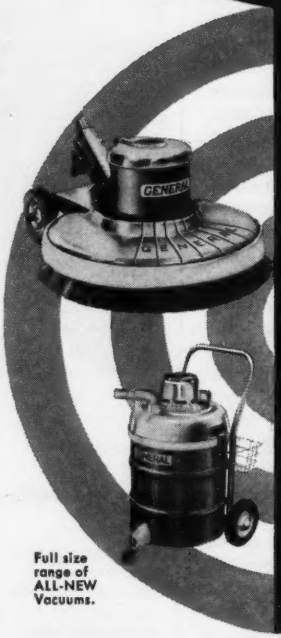
Bassick

A DIVISION OF

STEWART-WARNER CORPORATION

Meet *General's* best floor maintenance equipment salesmen!

Full range of Floor Machine sizes—from 13" to 23" diameter operating brush spread.



Full size range of ALL-NEW Vacuums.

General HEAVY DUTY FLOOR MAINTENANCE MACHINES AND E-CON-O-VAC COMMERCIAL VACUUMS SPEAK FOR THEMSELVES

—efficiently, effectively. Each is popular-priced . . . quality-engineered for long, trouble-free, auto-mated, on-the-job performance.

BEFORE YOU BUY, SEE GENERAL!

There's a BIG difference in floor maintenance equipment!

General **FLOORCRAFT, INC.**

421 Hudson St., New York 14, N. Y. Established 1930

World's Most Complete Line of Industrial and Household Floor Maintenance Machines and Vacuums

All Sizes for All Types of Floors — Made by Floor Machine Specialists

Generals are Feature-Filled! MAIL COUPON for complete details

( ) Have Distributor call on us.

( ) Send information, literature and prices on:

☐ Floor Machine ☐ Vacuum

COMPANY_____

STREET_____

MY NAME_____ TITLE_____

CITY_____ STATE_____

HM-10

GUNTER

Continued from page 93

the new method is adopted you will follow-up to see that it fulfills the predicted results.

This study procedure is not new. One writer described the procedure over a thousand years ago in this way; "We make a stand upon the ancient way and then look about us and discover what is the straight and right way and so to walk in it".

Work Distribution

The housekeeping department could make good use of the Work Distribution Chart. When properly constructed this chart will show:

1. Various activities performed by the department in order of importance.
2. The employees in order of their skills.
3. The tasks performed by each employee in order of importance.
4. The distribution of tasks.
5. The time spent on each operation or tasks.
6. The requirements of the department as to personnel and skills.
7. The flow of authority.
8. Areas of responsibility for each employee.
9. The cost of performing each activity.

The objective of this procedure is to present in summary form the work being done by the department. It provides a systematic arrangement of study data centering around the balancing of facts, for analysis aimed at elimination of non-productive work, for rearranging work schedules and for the proper alignment of personnel.

The steps in preparing the Work Distribution Chart includes completion of a "Tasks List" by employees and an "Activities List" by the housekeeper. Information from these form is then transferred to the Work Distribution Chart.

INSURANCE

Continued from page 35

Replacement Cost" endorsement in some states. This covers the increased cost of repair or reconstruction over and above replacement cost when conformance with a building code requires more costly repair or rebuilding than would be necessary in order to restore the building to it's original condition. This endorsement may be attached to a policy only when the Replacement Cost endorsement is also attached to the policy.

The Increased Cost of Construction endorsement covers the increased cost of enforced repair, rebuilding or reconstruction of the insured building, on the same premises, of like height, floor area, style, and for like occupancy. It indemnifies for loss from any insured peril resulting from the enforcement of and limited to the minimum requirements of any municipal ordinance or state law regulating reconstruction or repair of damaged buildings. The endorsement is written for a specific amount of insurance by which the policy is increased. The amount of insurance covered by this endorsement must be carefully determined as the endorsement contains the equivalent of a 100 percent Coinsurance Clause which applies to the difference between the value of the repaired or reconstructed building conforming to requirements of the building code and replacement cost of the building at the time of loss.

This endorsement does not cover cost of demolition and debris removal; however, this expense may also be covered by endorsement. ■

The purity, the wholesomeness, the quality of Coca-Cola as refreshment has helped make Coke the best-loved sparkling drink in all the world.
DRINK
Coca-Cola
REG. U.S. PAT. OFF.
SIGN OF GOOD TASTE

She never lets anyone forget that she is the head nurse.

Du Pont Grants For Nutrition Research

■ RESEARCH GRANTS totaling nearly $400,000 have been awarded over the past five years by the Du Pont Company to universities, colleges, medical schools and laboratories to supplement the company's own studies of the nutritional role played by amino acids—the building blocks of protein.

Du Pont, now producing L-lysine monohydrochloride, one of the eight amino acids considered essential for nutrition, is supporting four types of amino acid research, according to Dr. N. W. Flodin, technical manager.

"The projects," he said, "include research into the fundamental aspects of amino acid metabolism, a study of lysine's pharmacological properties, and studies to determine what nutritional improvements can be 'engineered' into specific foods, such as bread."

Production of semi-commercial quantities of the essential amino acid, lysine, achieved by Du Pont after years of research, is regarded as a significant advance in the science of nutrition. A small amount of lysine added to bread or cereal, for example, gives these foods a tissue building value approaching that of meat, cheese and milk. Since none of the eight essential amino acids can be synthesized by the body, they all must be supplied by foods at the same time, in the proper proportions, to efficiently form tissue protein. ■

1958 Culinary Award To Massachusetts Hospital Staff

■ PROOF THAT HOSPITAL FOOD can be on an epicurean par with that served in the swankiest restaurants and hotels was documented at the 1958 Culinary Show in Boston when the Major Award went to the Union Hospital in Lynn, Massachusetts. Competing against the top chefs in New England, chef Arthur Champigny and his staff still won a nod from the team of professional judges who critically appraised entries from nearly one hundred culinary experts.

50,000 people who paid an admission charge to see the exhibits of the major culinary craftsmen in New England marveled at the tasty display turned out by the hospital's bakers. Breads, rolls, pasteries of all sorts and decorated cakes were on tap, all items served on the daily menu at the Union Hospital. This alone made the exhibit unusual for most of the competing chefs had prepared special items for their entries. ■

FREE

CONVERSION CHARTS

Some time ago we developed an accurate chart (about letter size) for the fast conversion of pounds and ounces into grams — and, of course, grams into pounds and ounces. We still have some of them left. If you'd like copies write us. They're free for the asking as long as they last. And we're always glad to tell you — without high pressure selling — about Armstrong Baby Incubators.

THE GORDON ARMSTRONG CO., INC.
517 Bulkley Building
Cleveland 15, Ohio CHerry 1-8345

DAGE TV

'UNLIMITED POSSIBILITIES'

DAGE TV
Camera Model 60.
Anyone can operate it.

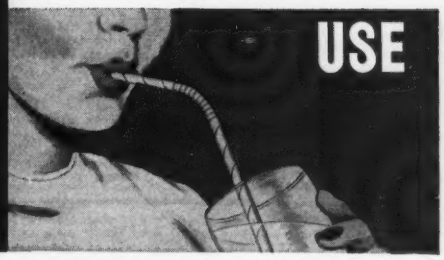
In Universities and Hospitals all over the U.S.A., Dage closed-circuit TV *has demonstrated* its ability to serve the educator and doctor in classrooms and in surgery, medicine, pathology and cardiology. Write Dept. 71.

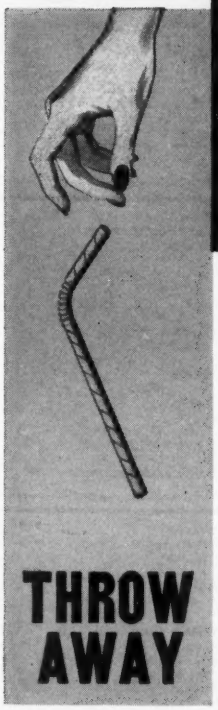
DAGE

DAGE TELEVISION DIVISION
Michigan City, Indiana
Thompson Products, Inc.

SAVE 27%* with DISPOSABLE FLEX-STRAWS

FLEX-STRAW®
for HOT and COLD liquids





no sterilization!
no labor costs!

* send for hospital survey showing 27% savings

Flex-Straw Co. International HM
2040 Broadway, Santa Monica, California
Please send hospital survey and samples.

Name_____

Hospital_____

Street_____

City_____ Zone___ State_____

CANADIAN DISTRIBUTOR: INGRAM & BELL LTD., TORONTO, MONTREAL, WINNIPEG, CALGARY, VANCOUVER

FLEX-STRAW CO. INTERNATIONAL • 2040 BROADWAY • SANTA MONICA, CALIFORNIA

Monthly Menus

	Sunday	Monday	Tuesday
Breakfast	**1** Baked apple Hot or ready to eat cereal Oven French toast Preserves	**2** Grapefruit juice Hot or ready to eat cereal Crisp bacon Cinnamon toast	**3** Cherry nectar Hot or ready to eat cereal Scrambled egg Toast
Dinner	Chicken pot pie Cubed carrots Buttered green beans Lettuce with chiffonade dressing Prune-apricot whip	Swiss steak Mashed potatoes Paprika cauliflower Fruit gelatine salad Butterscotch meringue pudding	Escalloped oysters Baked potato Brussels sprouts Tomato wedge salad Lemon refrigerator cake
Supper	Mushroom bisque Broiled beef pattie Hash browned potatoes Wilted endive salad Frosted fruit cup	Consomme with parsley Spaghetti with tomato meat sauce Tossed vegetable salad - vinegar and oil dressing Nectarines	Clam chowder Fruit salad plate with cottage cheese Nut-bread sandwiches Strawberry bavarian
Breakfast	**8** Crushed pineapple banana cup Hot or ready to eat cereal Poached egg on toast	**9** Orange juice Hot or ready to eat cereal Cinnamon rolls	**10** Apple raspberry juice Hot or ready to eat cereal 3 minute egg Toast croutons
Dinner	Stewed chicken and dumplings Buttered carrot rings Dutch spinach Mint aspic ring with fruit Cranberry bread pudding	Roast beef Buttered rice Minted peas Garden salad Baked pear	Halibut - pimiento sauce Buttered potato balls Julienne green beans Bunch of grape salad Spice cake - burnt sugar frosting
Supper	Beef broth with seashell noodles Meat croquettes Broccoli Waldorf salad Chocolate marshmallow sponge	Cream of celery soup Sausage link Potato patties Gelatine salad Purple plums	Potato soup ribble Tuna celery salad Escalloped vegetables Bran muffins Pineapple ring
Breakfast	**15** Orange juice Hot or ready to eat cereal Scrambled eggs Muffins	**16** Stewed apricots Hot or ready to eat cereal Shirred egg Toast	**17** Kadota figs Hot or ready to eat cereal Omelet Toast
Dinner	Meat pie with vegetables Baked Hubbard squash Fresh fruit salad Orange sherbet	Veal birds Creamed corn Broccoli Fruit pinwheel salad Gingerbread - lemon sauce	Filet of sole - tartar sauce Potatoes au gratin Buttered asparagus cuts Under the sea salad Cherry cup
Supper	Cream of chicken soup Canadian bacon Spanish rice Pineapple apricot salad Blackberry cobbler	Vegetable chowder Grilled cheese sandwich Hearts of lettuce salad Fruit cocktail	Chilled vegetable juice Seafood newberg in pattie shells Wax beans Peach cheese salad Raisin rice pudding
Breakfast	**22** Tomato juice Hot or ready to eat cereal Pecan rolls	**23** Pink grapefruit half Hot or ready to eat cereal Smoked sausage link Toast	**24** Pineapple juice Hot or ready to eat cereal Crisp bacon Bran muffins
Dinner	Paprika veal cubes Steamed potatoes Baby green limas Shredded lettuce salad Marmalade bavarian cream	Pot roast of beef Buttered crumb potatoes Frozen peas Endive - Russian dressing Peach cobbler	Salmon timbales Cubed potatoes Broccoli Sliced orange salad Date roll
Supper	Vegetable beef soup Jelly omelet Fresh fruit salad Devils food cake squares	Hearty barley soup Spinach ring with creamed chicken Carrot raisin salad Grape sponge	Tomato rice soup Asparagus a la goldenrod on toast points Stuffed green pepper rings Fresh fruit compote
Breakfast	**29** Grape nectar Hot or ready to eat cereal Shirred egg Toast sticks	**30** Stewed prunes Hot or ready to eat cereal 3 minute egg Rolls	**31** Apple juice Hot or ready to eat cereal Stick cinnamon bun
Dinner	Spiced tongue, raisin sauce Baked noodles Peas Cabbage, pineapple, marshmallow salad Peach blush	Broiled lamb chop Mashed potatoes Braised celery and tomatoes Peach bon-bon salad Chocolate cake	Broiled perch - tartar sauce Paprika potatoes Savory spinach Frozen fruit salad Cherry pudding
Supper	Clear tomato soup Macaroni, cheese casserole French green beans Golden glow salad Sugar cakes	Cream of tomato soup Smoked pork butt Hot potato salad Krispy relishes Royal Anne cherries	Halloween chowder Assorted cheese plate Rye bread Jack o lantern salad Orange sherbet

...October 1958

Wednesday	Thursday	Friday	Saturday
4 Tomato juice Hot or ready to eat cereal Canadian bacon Toast • Meat loaf - mushroom gravy Paprika potatoes Baby green limas Citrus fruit salad Peppermint tapioca - fudge sauce • Beef soup Baked stuffed zucchini Pineapple spear salad Cherry tart	**5** Tangerine Hot or ready to eat cereal Coffee cake • Roast turkey - giblet gravy Mashed potatoes Broccoli - Hollandaise sauce Cranberry jewel salad Vanilla ice cream • Cream of tomato soup Cold ham slices Macaroni salad Fresh fruit cup Wafers	**6** Sliced bananas Hot or ready to eat cereal Scrambled egg Date muffin • Breaded veal cutlet Creamed potatoes Whole kernel corn Lime gelatine salad Rhubarb roll-up • Alphabet soup Beef barbecue Potato chips Chef's salad bowl Chilled pear halves	**7** Fresh grapes Hot or ready to eat cereal Link sausage Raisin toast • Roast shoulder of lamb Oven browned potatoes Vegetables en casserole Banana nut salad Crumb cake • Chicken gumbo soup Creamed dried beef on rusk Tomato celery salad Ambrosia
11 Prunes with lemon Hot or ready to eat cereal Scrambled eggs Biscuits • Spicy beef roast Oven browned potatoes Rutabagas Vegetable jackstraws Raspberry whip - custard sauce • Asparagus pimiento soup Pepper steak over noodles Sliced beet and egg salad Chilled apricots	**12** Pink grapefruit Hot or ready to eat cereal Canadian bacon Sweet rolls • Chicken fricassee Snowflake potatoes Brussels sprouts Waldorf date salad Butter pecan ice cream • Black bean soup Assorted meat and cheese platter Escalloped corn Vegetable relishes Green gage plums	**13** Apricot nectar Hot or ready to eat cereal Creamed dried beef on toast • Broiled beef liver Escalloped potatoes Grilled tomato slices Fruit layer salad Grapenut pudding • Chicken noodle soup Cheese fondue - Spanish sauce Buttered peas Cabbage apple salad Frozen strawberries	**14** Fruit compote Hot or ready to eat cereal Shirred egg Rolls • Roast pork Pittsburgh potatoes Fordhook limas Molded beet celery salad Apple betty deluxe • Cream of asparagus soup Hamburg with mushroom gravy Baked potato Garden salad bowl Bing cherries
18 Fruit nectar Hot or ready to eat cereal Bacon curls Toast • Broiled sweetbreads Stuffed baked potato Cubed carrots and celery Pear escarole salad Plum cobbler • Rice soup Cold sliced roast beef Broiled tomato slices Fiesta corn salad Minted fruit cup	**19** Blended citrus fruit Hot or ready to eat cereal Baked egg Toast croutons • Grilled cubed steak Mashed potatoes Vegetables en casserole Spiced crabapple Ice cream sundae • Cream of pea soup Chicken chop suey with Chinese noodles Asparagus cuts Tomato salad Rainbow gelatine	**20** Sliced oranges Hot or ready to eat cereal Poached egg on toast • Baked liver loaf Crumb potatoes Buttered wax beans Raw spinach egg salad Raspberry upside down cake • Scotch broth Ham and corn shortcake Pickled beets Garden salad bowl Apricot whip	**21** Bananas in cream Hot or ready to eat cereal Corn muffins - jelly • Stuffed beef heart Whipped potatoes Escalloped tomatoes and corn Apple, grape, pear salad Baked honey custard • Lentil soup Corned beef hash patties Mixed vegetable casserole Orange endive salad bowl Sponge cake
25 Stewed rhubarb Hot or ready to eat cereal Poached egg on toast • Steak strips with sour cream gravy Mashed potatoes Cut green beans Red cabbage slaw Spicy apple torte • Split pea soup Ham turnovers with vegetables Chopped salad greens Pineapple cream with crunch topping	**26** Grape juice Hot or ready to eat cereal Orange coffee twist • Roast stuffed chicken Marshmallow sweet potatoes Cubed beets Pickles - olives Angel cake a la mode • Cream of celery soup Cottage cheese Fresh fruit salad plate Prune bread and butter Chocolate tapioca cream	**27** Sliced bananas Hot or ready to eat cereal Omelet Cinnamon raisin toast • Braised short ribs Browned potatoes Steamed cabbage wedges Cinnamon apple salad Norwegian prune pudding with lemon sauce • Cream of vegetable soup Toasted bacon cheese sandwich Buttered cauliflower Sliced tomato salad Fruit cocktail	**28** Tangerine Hot or ready to eat cereal Coffee cake Marmalade • Individual meat loaves Mashed potatoes Stuffed mushrooms Fruit layer salad Cherry puff, nutmeg sauce • Bouillon Chicken a la king Fluffy rice Molded cranberry nut salad Floating island

Plentiful Foods MONTHLY LIST

Peanut Butter Frozen and Canned Berries

Cheese Beef Pork Potatoes

Broilers and Fryers Canned Ripe Olives

Apples Honey Eggs

A Plan for Concentrated Nursing Care for Critically Ill Patients

An Intensive Nursing Care Unit

by Lois W. Williams, R.N.
Supervisor, Intensive Nursing Care Unit
Palo Alto-Stanford Hospital Center
Palo Alto, California

Part I

• IN THE Spring of 1957, the Nursing Department of Palo Alto Hospital was faced with a serious problem (as were many hospitals throughout the country)—a lack of professional nurses. This problem was responsible for an even more serious one—inadequate nursing care for critically ill patients. After many conferences and much planning the Nursing Department developed three projects planned specifically to relieve somewhat the general duty nurse of her ever increasing burden.

1. Transportation and Messenger Service. With "patient centered care" the desired goal in mind, this service was designed to relieve the professional nurse from some of the non-nursing duties. Although necessary, the time to perform these duties was often at the expense of patient care. With this service, all patients are transported, all messages are delivered and errands are performed by auxiliary personnel.

2. Postanesthesia Room. Designed to relieve the staff nurses of the added responsibility of staying with postoperative patients.

3. Intensive Nursing Care Unit (I.C.U.). This unit was designed to relieve the general floors of some of the more critically ill patients and patients requiring close observation, whether it be for 24 hours or 24 days. These patients, while on the general floors, were requiring more nursing hours, often at the expense of the other patients, than the professional nurse was able to give. This situation left the professional nurse with a feeling of insecurity and lack of accomplishment. Obviously this could not continue; hence the intensive care unit came into being.

I.C.U. was instituted primarily for the benefit of the patients.

1. Provides adequate care for seriously ill patients (the over-all cost is reduced when it is compared with the cost of 24-hour private duty nursing.)

2. Actual nursing care is improved by the concentration of nurses skilled in this type of service and by the availability in one place of all nursing adjuncts to the proper care of critically ill patients.

3. Assures patients of adequate nursing care for which staffing on general floors is not available.

4. For the doctors this service provides the assurance that their patients will be receiving the best continuous nursing care available, within the means of the hospital.

5. Reassures patients' relatives that their loved ones are receiving the best possible nursing care.

Lois Williams, R.N.

Establishment of I.C.U.

Physical setup. There was not much choice when it came to deciding the location of I.C.U. Our hospital was already bulging at the seams. It was decided by the Nursing Department to use two four-bed wards and three private rooms, 11 beds in all, for this purpose. The two four-bed wards were side by side and the private rooms directly across the hall. These rooms were at the end of a 21-bed general section and would be covered for the present by one charge nurse. There were physical changes to be desired, such as piped-in oxygen and suction and a doorway connecting the two wards. But due to the age of the building and location of plumbing, these changes were not possible. It was decided that the project was still worth-while even with the existing disadvantages.

Each ward was set up with the following equipment:

1. B.P. sets
2. Thermometer (rectal) tray
3. Shock blocks
4. Electric suctions with catheters
5. Emergency drugs
6. Syringes and needles
7. Miscellaneous items—applicators, tongue blades, alcohol, dressings
8. I.V. standards
9. Oxygen available in form of emergency tanks until larger supply can be obtained from oxygen department.

Additional special equipment on hand for I.C.U. is:

1. Complete selection of intravenous fluids including fibrinogen, plasma, dextran, plasmoid

INTERDEPARTMENTAL MEMO
COMMUNITY HOSPITAL

July 14, 1958

FROM: Secretary of Committee on Therapeutic Agents

TO: Committee Members

SUBJECT: Standardization of STERAJECT Injectables

A thorough review of techniques, procedures, products and devices, used by this and other hospitals for injectable antibiotic medication, has been completed. The study clearly indicates the need for the Steraject injection system for the following reasons:

1. ACCURACY OF DOSAGE--Single dose disposable cartridges provide an accurate pre-measured dose.
2. STERILE, DISPOSABLE NEEDLES--Sterile needles attached to Steraject cartridges provide a sharp needle for each injection and help avoid cross infection.
3. SAVE TIME IN CENTRAL SUPPLY--Steraject syringes eliminate cleaning, sterilization, assembly time and breakage.
4. SAVE TIME ON WARD--Steraject technique provides convenient, ready-to-use injectable medication.
5. IMPROVED INVENTORY CONTROL--Provides single unit dispensing for easier cost accounting.
6. LESS WASTE--Avoids partial use and resultant waste encountered with multiple dose vials.

The above reasons, plus proven convenience and economy, account for my recommendation that we adopt the Steraject line and standardize this system throughout the hospital.

Your early approval to standardize the complete Steraject line of injectables for use in the hospital, will be appreciated.

E. N. Separen

Chief Pharmacist

STERAJECT®

An economical, convenient and efficient method for minimizing injection problems and saving preparation time.

Single dose disposable cartridges with needle attached—use and dispose.

Available:

Penicillin G Procaine Crystalline in Aqueous Suspension
300,000, 600,000 and 1,000,000 units

Streptomycin Sulfate Solution, 1 Gm.

Combiotic Aqueous Suspension
400,000 units penicillin G procaine crystalline plus 0.5 Gm. dihydrostreptomycin

Dihydrostreptomycin Sulfate solution, 1 Gm.

Also available in cartridge without needle in hospital packages of 100.

Pfizer *Science for the world's well-being* **PFIZER LABORATORIES** Division, Chas. Pfizer & Co., Inc., Brooklyn 6, N.Y.

For more information, use postcard on page 145

2. Trays on hand include:
   a. I.V. trays
   b. Cut-down
   c. Tracheotomy, surgical set-up and postsurgical setup
   d. Heart Massage
   e. Intubation
   f. Spinal puncture
   g. Thorocotomy
   h. Hemorrhage (ENT)
   i. Transfusion
3. Oxygen masks, humidifiers, Bennett valve and Pneophere.

Space would not permit having the above equipment in the individual wards so it was placed as conveniently as possible which, in our situation, was in the nurse's station a few steps away from the wards.

In order to determine which patients should be placed on this service certain conditions were defined. In general, the presence of any one of the following situations would make the patient eligible for this service:

1. The need to maintain or establish adequate fluid balance and renal function.
2. The maintenance of cardiovascular integrity.
3. The control of toxemia of metabolic or infectious origin.
4. The relief and prevention of severe shock from any cause.
5. The maintenance or establishment of an adequate airway.

Specifically the following medical situations would be admitted to this service.

A. Coronaries in shock
B. Severe heart failure
C. Massive G.I. bleeding
D. Diabetic coma
E. Renal shut-down
F. Overwhelming infections
G. Adrenal crisis

Surgical indications would be:

A. Thoracotomies for lung and heart surgery
B. Crushing injuries of the chest
C. Gastric and bowel resections, ileostomies, colostomies
D. Craniotomies
E. Major urological surgery
F. Tracheotomies
G. Sympathecotomies
H. Adrenalectomies
I. Severe trauma or shock, both preoperative and postoperative
J. Severe burns
K. Hyper- and hypothermia

No other diagnostic problems are admitted unless critically ill. This service is not used routinely as a recovery room. It is reserved for those postoperative cases where the nature of the operation or the condition of the patient warrants.

A Surgeon's Prayer

Dear God!
These strong gloved fingers
Which I flex—
This human hand
Which holds the knife,
Sterile now and steady—
Need Thy guiding skill
To help another life.
Bless now this patient—
Thine and mine—
Who, under Thee, entrust to me
A precious life!
God of the surgeon's tireless strength,
The surgeon's finite skill,
Grant that I may guided be
To do Thy will.
Amen.

Reprinted from "Cortland Hospital Tales", newsletter of Cortland Memorial Hospital, Cortland, N.Y. ■

NO LONGER A HOSPITAL PROBLEM

Static electricity has been a constant source of danger in operating rooms and other areas—but you can control this problem with NEGASTAT! This proven liquid anti-static solution was developed in 1952 for explosive manufacturers, commercial laundries and the aircraft industries. It has been used by them since that date. Three special formulas have been adapted for hospital use. Available in aerosol can, 12 ounce bottle and gallon container for hospital equipment, laundry and floor applications.

• Safely eliminates Static Electricity • Non-toxic. Will not injure or stain skin, fabrics or other surfaces • Contains no glycerin or soap • Deodorizes, sterilizes

Write for informative literature . . . today!

Functional Products • Warsaw, Ind.

With VARLEY'S "FOAMING ACTION"

Bowl Creme

INSTANT CHEMICAL ACTION

DeScales, Disinfects, Removes Stains

A revolutionary — super-concentrated EMULSION TYPE bowl cleaner. Not ⅓ strength — not ½ strength, but FULL STRENGTH emulsified acid to obtain maximum cleaning power with minimum effort and minimum cost. Absolutely snow-white and guaranteed stable under *all* working conditions. No separation, no deterioration and no discoloration! ! !

TERRIFIC FOAMING ACTION PLUS DETERGENT ACTION

For The Name of Your Nearest Dealer, write:

James Varley & Sons, Inc.

1200 Switzer Ave., St. Louis 15, Mo.

Responsibilities of the Chief Pharmacist to Hospital Administration

by Robert L. Lantos
Director of Pharmacy Service
University of Texas Medical Branch Hospitals

Part II

Methods of Communication with the Hospital Director

If your hospital is less than 300 to 400 in bed capacity, you probably will report directly to the director. If it is larger, most likely you will report directly to an assistant director. This person will also have authority over the other departments which are associated with the diagnosis and treatment of disease such as the clinical laboratory, physical therapy, x-ray.

In such an organizational structure, the doors of the director should not necessarily be closed to the department head. If you have an immediate problem which requires the attention of the director, you should present it to him, or if you disagree over an issue with the assistant, it may be necessary to discuss it with the director. In the latter case it is best if you are able to discuss the problem mutually with the assistant director and the director.

Personal Contact With Director

There are a number of ways in which you will communicate with the director including personal conferences, department head meetings, routine reports, special reports, special memoranda, and telephone conversations. In the smaller hospital you will probably have more personal contact with the director, and perhaps some business may be transacted at the lunch table or even on weekends at the golf course. In the larger hospital it is understandable that the director will have less time for personal contact, and so the need for communication by memoranda increases. If an issue arises which requires administrative attention, present it to the director as soon as possible, and don't wait for him to come to you to ask you about it. Be careful, however, not to disturb him with many trivial matters. Too frequent visits can sometimes be as bad as too few visits. And don't bring up business matters every time you see him in the hall. Attempt to restrict business discussions in the hospital to his office. If you want to put a point across to the director, present the facts to substantiate your point. For example, don't go to him and say, "Boss, we've got to get those salaries increased," or "We just have to have more space." Whether it be a routine annual budget or an emergency request, present a written report stating your problem, its cause, its effect, your recommendations, what your recommendations will require, and what the results will mean for the hospital.

Your recommendations, when presented in such a manner, stand a much better chance of receiving administrative approval. Do not send only direct memoranda to the director but also send him copies of other intramural and extramural correspondence that you conduct which is of administrative concern. If you come across articles of general hospital interest in the literature which the director does not receive, such as the pharmaceutical journals, pass these articles on to the director. Be an administratively conscious department head. Don't confine your activities to the four walls of the pharmacy.

Report in Writing

The reports which you present to the director will provide a measuring device by which he may evaluate the operation of your department. In some cases the director will outline specifically what he wants included in the reports. If he does not do this, then design your own forms and present them for administrative approval. Consider the type of information which will be of greatest interest and value to the director. He may occasionally need immediate information on drug expenditures or the cost of drugs per patient day. Rather than to have to call you for this information, he can simply refer to your reports in his files.

In some hospitals the pharmacy is regarded as an income producing department, and the pharmacist must develop a charge system which will provide sufficient financial returns to overcome some of the losses incurred by nonrevenue producing hospital departments. However, there are many charity and service hospitals in which the drugs are given free or at a minimal cost to the patients. But regardless of whether or not the pharmacy is an income producing department, it is essential that an account is made of all drugs that come in and all drugs that go out of the department. This means that you should be responsible for maintaining proper records of purchases and proper sales records both to other hospital departments and to inpatients and outpatients. These figures can in turn be used in calculating theoretical inven-

Part I is on page 40 of the September issue of Hospital Management.

Please turn to page 124

Spread an antiseptic umbrella

To help prevent staphylococcal infection, use **pHisoHex** *not only in the operating room and the nursery— but everywhere throughout the hospital:*

- for handwashing by all hospital personnel before and after caring for every patient
- for routine washing of newborn infants
- to wash patients ante and post partum
- to wash patients who have a communicable disease
- to wash patients who have an infective disease of the skin
- for surgeons' hand preparation • to wash anesthesia equipment

TO REDUCE the spread of staphylococci and other organisms in hospitals, handwashing is "...*possibly the most important single control measure.*"[1] Just soap-and-water cleansing "...does not go far enough because it cannot be relied upon to kill the staphylococci."[2] But "when pHisoHex is used by nurses for handwashing, it is not possible to recover Staphylococcus pyogenes from their hands."[3] In addition, bacterial resistance to hexachlorophene does not develop.[4]

At the National Institutes of Health, the incidence of hospital cross infection was practically eliminated when *all* hospital personnel washed with pHisoHex before and after caring for any patient.[5] Routine use of pHisoHex for bathing infants as well as for routine handwashing by hospital nurses has helped prevent staphylococcal epidemics among newborn infants.[6,7]

Why is* pHisoHex *so often preferred? "The preparation appears to kill bacteria quickly, inhibits their growth, renders the skin's *surface* virtually sterile in many cases, forms an antibacterial film which kills fresh bacteria in the event of subsequent contamination after its use, saves time.... It is nonirritating, and it is hypoallergic."[8]

against STAPHylococcal infections

with pHisoHex®

Antibacterial detergent with 3% hexachlorophene

Reinforce the antiseptic umbrella with anti-staphylococcal Zephiran® chloride, a powerful antiseptic and germicide that is nonirritating to the skin and mucous membranes—and ***Roccal,®*** a solution for general hospital sanitization and disinfection. Roccal rinsing renders textiles actively bacteriostatic against respiratory and wound discharge.

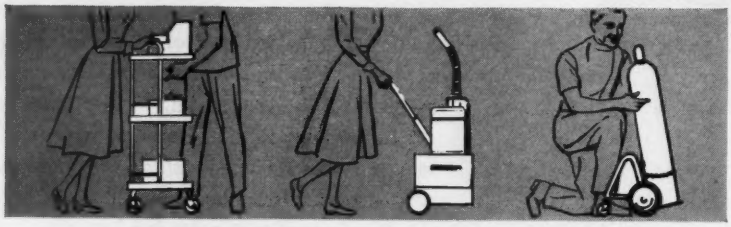
Write for or ask the Winthrop man for the new leaflet, "Practical Pointers to Protect Your Hospital Against STAPHylococcal Infections."

1. Brown, J. W.: *J.A.M.A.* 116:1185, March 8, 1958. 2. Klarmann, E. G.: *Am. J. Pharm.* 129:42, Feb., 1957. 3. Hardyment, A. F.: Pediatric Clinics of North America, Philadelphia, W. B. Saunders Co., May, 1958, p. 287. 4. Gould, B. S.; Frigerio, N. A., and Hovanesian, J.: *Antibiotics & Chemother.* 7:457, Sept., 1957. 5. Benson, M. E.: *Am. J. Nursing* 57:1136, Sept., 1957. 6. Wysham, D. N., et al.: *New England J. Med.* 257:295, Aug. 15, 1957. 7. Agate, G. H.: *J. Mich. M. Soc.* 57:853, June, 1958. 8. Medrek, T. F., and Litsky, W.: *Surg. Gynec. & Obst.* (Internat. Abstr. Surg.) 104:209, March, 1957.

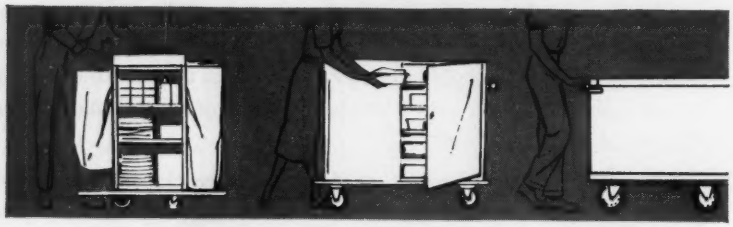
Winthrop LABORATORIES New York 18, N. Y.

pHisoHex, Zephiran (brand of benzalkonium as chloride, refined), and Roccal (brand of benzalkonium chloride, technical), trademarks reg. U. S. Pat. Off. 1293-M

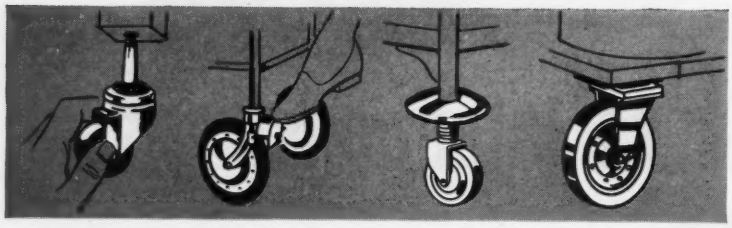
TO MOVE PATIENTS



TO MOVE EQUIPMENT



TO MOVE SUPPLIES



USE COLSON QUALITY PRODUCTS & CASTERS

Whether serving in surgery, administering treatments, wheeling patients or rolling materials and supplies, the complete COLSON line offers the finest in quality materials and workmanship. Built to the highest safety and durability standards and selected by leading hospitals and institutions throughout America for generations.

New "basic unit" Colson folding wheel chairs feature interchangeable parts to meet every patients requirements. Surgical carts, wheel chairs, stretchers, oxygen tank trucks, blood pressure recorders, laundry trucks, food trucks and hundreds of other Colson time and money savers are fully described in the COLSON CATALOG . . . Send for one today!

Write to
COLSON CORPORATION
General Sales Offices
Jonesboro, Arkansas

The Colson Corporation
A Subsidiary of
Great American Industries, Inc.—Elyria, Ohio

Plants in: Jonesboro, Ark., Elyria, Ohio, Somerville, Mass., and Toronto, Canada

Continued from page 96

become a storage place of an electrostatic charge if isolated from the floor. The charge stored may represent upwards of 12,000 volts. The casters act as the barrier between the table and the floor. Assume a person who may or may not be grounded to the floor brushes the table, the stored charge in the table will flow to the person, or lower potential side, resulting in an arc or spark.

A spark discharge can take place only when no other path of greater conductivity is available by which the equalization of potentials may be effected.

Flames and hot materials are a less frequent cause of ignition of flammable anesthestic agents. However, the most basic cause today is the use of the electric cautery.

This practice should not be permitted in any area where flammable gases are even remotely used unless in strict accordance with the code requirement — namely, such a cautery shall be operated on eight volts or less, and the area at the patient's head must have auxiliary ventilation.

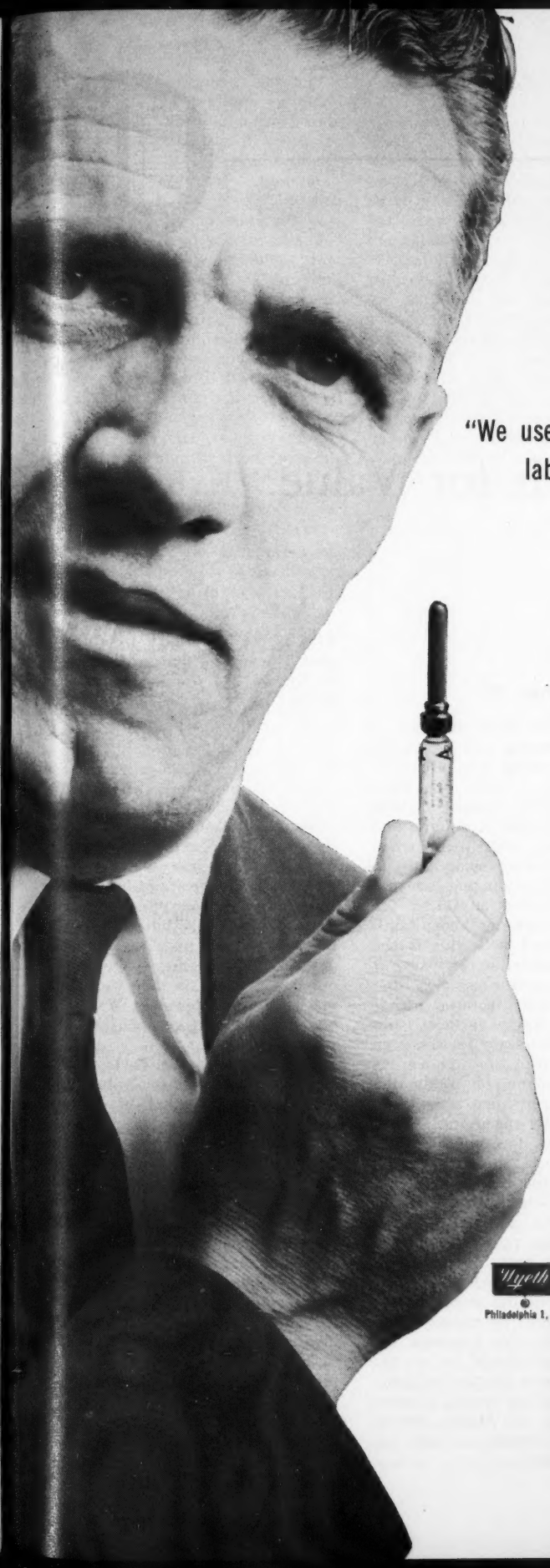
Electrical Wiring

Frequent sparks from standard switches, devices, et cetera, prohibit the use of such devices. Insulation failure in older structures is also a major hazard. The practice of using proper devices at one end of a cord to a piece of equipment is generally acceptable and yet the same personnel will put an unsafe device at the other end in total disregard for safeguards required.

An *UNGROUNDED* electrical system is required. Such a system provides protection against spark and arc hazards in the normal operation of electrical equipment.

This means the use of an ungrounded distribution system in the O.R. suite. This is accomplished by using a dry type isolating transformer made to separate the conventional A.C. building system from the O.R. circuit system (figure 1).

This transformer must be located in a nonhazardous location. The primary side, or feeder side, to this transformer may not be connected to a source greater than 300 volts. The leads *from* this transformer, or the secondary circuit as it is called, shall be ungrounded and an approved over-current protective device must be provided in *each* conductor of every branch circuit. ■



Select . . .
Inject . . .
Throw away!

"We use disposable TUBEX injectables to save labor and money all through the hospital."

TUBEX injectables save labor, time, and money—in a period of rapidly rising hospital costs. This is proved in hospital studies.[1] The TUBEX principle definitely increases efficiency at many hospital levels. It simplifies accounting procedures. It provides better, simpler control of narcotics and inventory. It eliminates the injectable work of central sterile supply. It abolishes medication preparation. It permits more efficient use of nurses' time. And it removes a primary source of serum hepatitis.

TUBEX disposable units supply at least 75% of the medications required in hospital injection.

1. Hunter, J.A., et al.: Hosp. Management 81:82 (March) 1956, 81:80 (April) 1956, 83:86 (March) 1957. Reprints are available from your Wyeth Territory Manager or write Wyeth, P.O. Box 8299, Philadelphia 1, Pa.

Wyeth
Philadelphia 1, Pa.

CLOSED-SYSTEM INJECTION

TUBEX®

—the modern injection technique

TUBEX...your largest line of closed-system medications

Purchasing

The Search for Value

by Robert E. Shillady
President
National Association of Purchasing Agents
General Purchasing Agent
New England Electric System Companies
Boston, Mass.

This is the third part of a three-part article. The first part appeared in August and the second in September.

Part III

Low Price

As good purchasing agents we should constantly strive to obtain as low a price as is consistent with sound and continuing business operations. We have a number of tools that we can use in helping us to do this. One of the most important of these is value analysis—taking into account the functional need for the particular article or material and examining the inherent elements entering into its cost. If it appears that the price is excessively high we may have to make the article ourselves until some supplier sees the light and decides to show us that he can do the job more efficiently and reflects this in his price. Then, too, we have the tool of substitution to use if we are not able to obtain a particular material or article on a proper price basis. This offers the purchasing agent a great deal of help, but it must be used carefully and only in close co-operation with the designing, production and operating personnel of an organization. It again calls for a thorough knowledge of the way in which material or equipment is used.

Of course, we have the tool of quantity purchasing and we should endeavor to arrange our buying in such a way as to make our business attractive to suppliers, both from the standpoint of volume and of co-operation with them when possible in allowing some latitude as to time of production so that this can be carried on under the most advantageous conditions. Closely connected with this is the tool of standardization. In using it we try to purchase articles that are regularly manufactured rather than require special articles that may make it necessary for the producer to interrupt and reduce his established volume of production through setting up new and different processes. By specifying articles which conform to generally accepted standards, the purchasing agent obtains the benefit not only of his own volume purchases but also the benefit of large volume created by other purchasers. After the purchasing agent has satisfied himself that a standard article will adequately serve the needs of his company, provided he makes a real study and knows his business, the burden of proof should be on the design engineer or production manager if he insists on special or non-standard items at higher prices than it is necessary to pay for standard articles.

We have frequently heard it said that the buyer gets no more than he pays for, this usually being quoted in justification for placing little emphasis on price. There is some truth in this, but we are certain that many purchasers do not get as much as they pay for and our big concern is that we should not be in this latter class. We should be sure that we get no less than we pay for.

Now I would like to look with you at this search for value from another position—that of the top management of our hospitals. To be successful a business must constantly receive good value, sometimes termed performance, from every department from purchasing, from accounting and legal, and from management itself. If we are consistent and follow what we expect selling organizations to do if they would favorably impress us, we must demonstrate that we are giving value in our operations and in our relations in our own hospitals. Reports and recommendations to management are fine, but back of them, there must be an everyday course of action that contributes vigorously to the well-b-

ing of the organization. Not half-heartedly or on a basis of just "getting by," but vigorously—and this is the best means I know to get recognition in our organizations.

Of course, we must "know our stuff" in respect to the use and the characteristics of the materials we purchase, the sound sources of supply, the market conditions, and negotiating ability and finesse. But we will not be able to use such knowledge very effectively unless the people in our hospital who use such materials are convinced that we are working with them for the best interests of all, and not trying to "force things down their throats." We must first give cooperation if we expect to receive it from others.

Worth While Information

As an example, we may properly expect those who wish to sell things to our institutions to first present their proposals and explanations to the purchasing department. But are we careful to see that information which they furnish us and which is worth while is promptly passed along to staff members in our hospital who are likely to be concerned with its use? Do we arrange for a meeting of competent sellers with the people most closely identified with the specification and utilization of their commodities in cases where detailed technical discussion may be mutually helpful?

If we constantly demonstrate that we assist the constructive interchange of technical ideas between selling organizations and the proper people in our organization, we will not have much trouble from vendors trying to by-pass the purchasing department. Both sides will soon recognize that seeing the purchasing agent first results in time saving and more effective presentation.

Furthermore, we should welcome the opportunity of "selling" our hospital and our purchasing department to other organizations and to the public in general. One of the first essentials in doing this is courteous and cordial treatment of those with whom we talk—either in person or on the telephone. Another essential is knowledge of our job, but with this an inquiring mind and willingness to learn. A further help is adherence to the principle of "live and let live,"—so long as this does not infringe upon the essentials of equity and scrupulous fairness. All of this sounds as if I am boosting "Education" and "Public Relations"—and I am.

Opportunities for Outstanding Value

Let us be sure that we are not so much concerned about our prerogatives as to overlook our opportunities for giving outstanding value and thereby selling our purchasing department to our own company and management.

Finally I think it is very important for us to apply the search for value to our individual lives and our relationship to others.

Most of us are busily engaged in making a living, and this is no small task under the pressure of competition in the general desire "to get ahead." Fortunately for us, however, the improvements in mechanical aids which have come so rapidly in this twentieth century have generally eliminated the necessity of working from before dawn until after dark to get together enough food and clothing and shelter to sustain life. And this is good. Shakespeare's King Lear said, "Allow not nature more than nature needs, man's life's as cheap as beasts."

"Let's go down below—there just isn't any business up here, doctor."

Do we, however, use our additional leisure time in a manner that sets us above beasts? After satisfying our material needs and providing a thrifty surplus, how much real thought or attention do we give to our spiritual needs and growth? As we stand on the threshold of what appears to be an even more materialistic age, an atomic age, we must find means for controlling man's lust for power and individual material gain, and ways of stimulating the more spiritual attributes of active help to others, and the recognition of and obedience to a Supreme Being.

"What doth the Lord require of thee, but to do justly, and to love mercy, and to walk humbly with thy God?" And again quoting from the Bible, "Whatsoever ye would that men should do to you, do ye even so to them." If we do not learn and follow these lessons, we will find that by our rapid advance in godless materialism we have raised up a Frankenstein which will surely destroy us.

Coming back to our individual actions, how do we implement our desire to get ahead? Is it by study, and hard work, and sacrifice, and an effort to contribute something worth while to raise the level of all—or is it by cheating, cultivating, and profiting by weakness in others, and trampling on the weaker ones to reach a higher place?" What shall it profit a man, if he shall gain the whole world, and lose his own soul?"

Most of us hope and try to give our children more opportunities and better conditions than we have enjoyed, but let us also be sure to leave them the heritage of a good name, which is to be desired above great riches. Let us give them a better spiritual as well as a better material outlook. Let us try harder to live so that they and others will be able to think of us as meriting the Poet Wordsworth's appraisal—

"That best portion of a good man's life,
His little, nameless, unremembered acts
Of kindness and of love."

If we are going to gain the greatest value in our own lives, let us strive not only to make a living but strive even more intensely to make a good life. ■

Numismophagia

Surgeons at Sedgefield General Hospital, Durham, England, recovered 424 coins and 27 pieces of wire from the stomach of a man aged 54. He survived the operation, during which 366 half-pennies, 26 sixpences, 17 threepenny pieces, 11 pennies, 4 shillings, and the wire, weighing a total of 5 lb. 1 oz., were removed. These were swallowed over a period of several years. The patient was admitted to hospital with a history of loss of weight and anorexia. ■

•

A neurotic: Someone who thinks you mean it when you ask how he is. ■

EASIEST SUTURE PACKET TO HANDLE!

...grasp foil packet

...tear open

...remove suture

ETHICON®

N

T
A
p
p
b
r
o

A
a
a
p
C
S
s
u
p
i
M
g
E
a
a
l

p
r
g
o
n
C
t
h
c

A
a
a
v
s
a

C

NATIONAL ASSOCIATION OF HOSPITAL PURCHASING AGENTS

President Harold Springer

The President's Report

Annual Meeting

This has been a great year for hospital purchasing. All of us have made a conscientious effort toward better purchasing performance. You have heard more about purchasing practices and procedures this year than ever before through articles and news. You have had correspondence. You have read about hospital groups organizing for better purchasing.

The Texas State Association of Hospital Purchasing Agents had their second purchasing forum last year about this time. The Chicago Area Association, which is affiliated with the national organization, has just completed another great year under the guidance of Edward Olson. A purchasing institute was conducted at the Tri-State Assembly with several outstanding speakers. The scope of the institute went well beyond the few items usually considered. The Chicago Area group is now planning a one-day workshop for the fall. The Purchasing Agents in the Midwest Association met during the Midwest Hospital Association Meeting with a good program and the Purchasing Agents in New York and New England have also been active. Some of these groups are not yet affiliated with our Association but it is only a matter of time before we are all united into one collective body.

Hospital Purchasing is coming into its own. Our importance is being recognized. We must be worthy of the recognization. Although the Cleveland and Chicago groups are now 15 to 16 years old, it is only now that our voice is beginning to be heard. Our membership now extends to 42 states. Our success stimulated the Central Service Supervisors to form a similar organization. Actually they were a long time ahead of us as they had meetings of national scope, but had no formal association.

Our endeavor has spurred the American Hospital Association into giving formal recognition to purchasing agents, which was denied to us. It is just a year ago that a purchasing agent membership classification was developed. It is only a month ago that this organization staged an institute at Lansing, Michigan for purchasing agents.

We are not competing with other organizations for the privilege of sponsoring educational programs although we are grateful for this belated attention. But we recognized that it is time that *Purchasing Agents* stand on their own feet and do something for themselves to gain recognition, rather than wait for others to do something for us! In addition to your subscription to HOSPITAL MANAGEMENT, the following materials were sent out to you last year:

1. The Dan River Textile Dictionary.
2. The Office Planning Booklet.
3. How to Read A Financial Report.
4. Running Your Own Print Shop.
5. A survey on plastic dishes, made and printed for you.
6. A current reading list on purchasing.

During the past year you have had many articles on purchasing printed in HOSPITAL MANAGEMENT by special understanding with the publishers. This medium was used since we have very limited resources to accomplish our program and we refused any subsidies from commercial companies. It takes money to pay for postage stamps and hours and hours of time. Most of the time was given freely by Mrs. Orpha D. Mohr who deserves our recognition. She has contributed more to this program than any other and has been the sustaining force behind it.

The sole purpose of this program is to make purchasing agents more resourceful members of the hospital team. True recognition will come as service is rendered. We cannot be complacent. Too often we hear the plaintive cry that purchasing should be a part of the management team — that its worth and potentials should be recognized. Purchasing is a part of the management team but recognition must be earned by the department. This is definitely a do-it-yourself project! Your officers solicit your cooperation and suggestions as they start the new year. May this be a great year in your life and institutional relationships! May it lead to good purchasing performance! May it result in better patient care! ■

Relationship of Administrator and Purchasing Agent

by James G. Carr, Jr.
President
Midwest Hospital Association

President of Midwest Hospital Association; Mr. James G. Carr, Jr., addresses group.

One of the most important aspects of administration is purchasing. The administrator of a hospital has come to depend more and more upon his purchasing agent and vice versa. Just as the administrator must get along with his board, so also the purchasing agent has an important relationship with his administrator.

There is a two-way responsibility. We most often like to think of our rights and of the other fellow's responsibilities. But it works both ways. The other fellow also has rights and we also have duties. Do we tend to think of all the things the administrator should be doing and not doing? Do we also remember we also have duties and obligations? Do we know what they are?

The purchasing agent should have a definite area of authority, just as the Board defines the authority, duties and responsibility of the administrator. Unless we know what we can do and cannot do, then we can't do it very well. Most of our problems arise because we lacked information as to what we could or could not do in a given situation.

We must establish communication. Unless you know what the administrator wants and unless he knows what you are doing, you may be going down separate paths, and ultimately accomplish nothing. Somewhere along the line you will eventually discover mistakes and misunderstandings which cannot ever be corrected. You must get a system of communication with the administrator so that he knows what he wants to know.

Administrators are human beings. They vary in their methods. Some turn the whole purchasing procedure over to the purchasing agent, some don't. The administrator is always interested in large purchases, and so is the Board. But sometimes the Board is interested in small purchases. The administrator takes items to the Board in which they show a particular interest; likewise, the purchasing agent should take items to the administrator in which he shows interest. Try to find out what kind of a person your administrator is. Try to determine his peculiarities, for you must determine early in the game how much the administrator should participate in purchasing.

You must learn to follow and cooperate with general hospital policies. Some departments tend to become little empires. Some departments are aggressive and this affects the general efficiency of the hospital. Every department should cooperate with every other department so as to enable everyone to discharge his own responsibilities. Purchasing has demands from every department and many individuals. The purchasing agent must learn to handle these demands adroitly.

Purchasing is a public relations department. You contact salesmen almost every day and they can teach you more in a shorter time than all the literature you might read on a new product. You can get much valuable information from salesmen if you will be courteous and fair with them and you can help your administrator a great deal by passing on tips they give you.

Don't forget that you are part of the hospital—you are an important part of patient care. Too often we forget this and become a business. We may be so busy worrying about dollars and cents that we tend to forget that our main and only reason for existence is the patient. Let us keep this always before us.

This speech was given at the breakfast of the National Association of Hospital Purchasing Agents, held during the annual American Hospital Association Convention. ■

Breakfast Meeting of NAHPA

William Hammerstron, national director and purchasing agent, Little Company of Mary Hospital, Evergreen Park, Illinois.

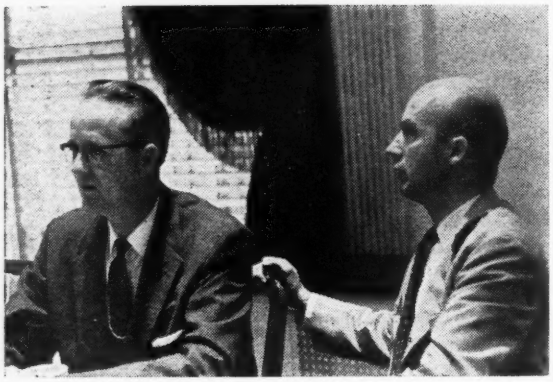
Cleo Bennett, purchasing agent, Provident Hospital, Chicago, Illinois.

Richard Peters, purchasing agent, Englewood Hospital, Chicago, Illinois.

Charlotte B. Spines, assistant administrator, Doctors Hospital, Milwaukee, Wisconsin.

Norman D. Eckliff, Jr., purchasing agent, Augustana Hospital, Chicago, Illinois.

Mr. James Hickman, chief, supply division, Veterans Administration Hospital, Hines, Illinois.



Mr. Edward L. Olsen, regional vice president, Tri State Area and purchasing agent, Swedish Covenant Hospital, Chicago, Illinois and Mr. Edward M. Grapp, regional vice president of the Virginias and Carolinas, purchasing director of the Miners Memorial Hospital Association, Williamson, West Virginia.

Mr. Richard Feeney, purchasing agent, Ravenswood Hospital, Chicago, Illinois and Mr. Frank Vrusch, assistant administrator, Harper Hospital, Detroit, Michigan.

L to r: Marianne Gilster, purchasing agent, West Suburban Hospital, Oak Park, Illinois and Lillian Huster, purchasing agent, Evanston Hospital, Evanston, Illinois.

For information or questions you may have regarding the NAHPA, contact: Mrs. Orpha Daly Mohr, Purchasing Agent, The Chicago Wesley Memorial Hospital, 250 East Superior Street, Chicago, Illinois.

Secretary treasurer, Mrs. Orpha D. Mohr, purchasing agent, Chicago Wesley Memorial Hospital, Chicago, Illinois.

The Sixty-Four Dollar Question Column

Question: Mail addressed to the KliMar Co., 732-38 W. Van Buren St., Chicago has been returned. They hold copyright on a surgical catalog in which we are interested. Advise present address.
Answer: A company organized by a Mr. Klites and a Mr. Marquette and Mr. Frank E. Klites can now be reached at the St. Paul Surgical Supply & Drug Co., 27 W. 6th St., St. Paul, Minn.

Question: We would like information on Acraline Tubes, manufactured in England.
Answer: Two companies in England making medical-surgical tubing are Portland Plastics, Ltd., c/o Dr. Leader, Bassett House, Hythe, Kent; and Courtaulds Ltd., Little Heath, Coventry and 16 St., Martin's-le-Grand, E.C.1, London. Neither makes a tubing under the name of Acraline but Courtaulds Ltd. does make a polyethylene tube under the name of Courlene and a woven fabric called Acrilan.

Question: Can you give us any information on a laboratory procedures manual (Lavetas)?
Answer: Believe this was published many years ago by LaMar Laboratories, 24 E. 21st St., New York 10, N. Y. and that the owner at the time was Mr. Lavetas.

Question: Do you know of a source of identification disc which is worn by a person and carries information as to his allergies?
Answer: Identi-Med Co., Inc., 212 Northwestern Bank Building, Rochester, Minn., and Medic Alert Foundation, c/o Lillian Collins Hospital, 1030 Sierra Drive, Turlock, Calif., Dr. M. C. Collins.

Question: Who makes an aneroid sphygmomanometer named "Tip Top"?
Answer: Heitz Instruments, P.O. Box 1025, Sparta, N. J.

Question: Who is making a test kit to check gastric acidity? (Patient takes a tablet and after a specified time doctor checks the chemical reaction in the urine.)
Answer: E. R. Squibb & Son, 745 Fifth Ave., New York, New York.

Question: What is the source of supply of an eye cornea stain on an applicator stick instead of in a bottle? Believe it is known as Fluorescin Stick Tip.
Answer: Suggest Vials Fluorescine Strips supplied by Ophthalmos, Inc., 4808 Bergenline Ave., Union City, N. J.

Question: Who makes the Wilkie anastomosis frame?
Answer: George P. Pilling Co., 3451 Walnut St., Philadelphia, Pa. ■

Ç
A

Ç
A

Ç
A

Ç
A

Ç
A

Ç
A

o

What every O.R. Nurse should know about A·S·R STERISHARP blades

Q. *What is a SteriSharp?*

A. It is a sterile-packed surgical blade made from a special alloy of extremely hard stainless steel. Like all stainless-steel surgical instruments it will not rust or corrode in hospital use.

Q. *Aren't all sterile-packed blades made from stainless steel?*

A. No, only SteriSharps. All others are made from ordinary carbon steel which rusts, corrodes and dulls quickly when autoclaved or kept in solution.

Q. *Are SteriSharp blades sharper than carbon steel blades?*

A. Yes. SteriSharps' imported high-chrome alloy Swedish steel is hardened, tempered, ground and sharpened under processes developed by A·S·R to give it a sharper, longer lasting cutting edge.

Q. *Can I autoclave the sealed SteriSharp packet?*

A. Yes. Neither autoclaving nor dry-heat sterilizing harms the packet or the blade inside. This means you can include any number of SteriSharp packets on the instrument tray. The sterile nurse can then open blades as needed. And all unopened packets can be returned to stock.

Q. *Can I autoclave SteriSharp blades out of the packet?*

A. Yes. Unlike carbon steel blades which blacken, rust and lose their edge when autoclaved, SteriSharp blades can be autoclaved repeatedly without damage. Thus, SteriSharps which have been opened but not used can be returned to stock. This eliminates blade waste. SteriSharps can be stored indefinitely without harm.

Q. *How does A·S·R make sure that SteriSharps are 100% sterile?*

A. SteriSharps are ultrasonically cleaned before packaging. The packets are sealed securely and are heat-sterilized at a time-and-temperature cycle well above highest hospital requirements. Each lot is sampled *twice*, and blades are tested for sterility by A·S·R's own bacteriologists according to USP XV (revised). Each lot is also checked by an independent laboratory.

Q. *How can I be sure SteriSharps come to me 100% sterile?*

A. Test them in your own laboratory. We will be happy to send you a detailed description of our sterility testing methods.

Q. *Can SteriSharps be re-used?*

A. After their work in the Operating Room, SteriSharps can be autoclaved and distributed to Pathology and other blade-using departments.

Q. *How do SteriSharps compare in cost with other sterile-packed blades?*

A. SteriSharps cost less.

Q. *How do SteriSharps compare in cost with ordinary carbon steel blades?*

A. SteriSharps do away with jars and solutions and eliminate blade waste. In addition, the greater durability of stainless steel means longer blade life. Surgeons report that during procedures where extensive cutting is required, one SteriSharp does the work of as many as six ordinary carbon steel blades. Hospitals using SteriSharps report dollar savings of 25% and more over conventional nonsterile carbon blades.

Q. *Do SteriSharps come in all standard sizes and fit all standard handles?*

A. Yes. In addition, when you contract for SteriSharps, you will receive FREE as many stainless-steel dispensers as you need for your O.R. suite and other blade-using departments.

Q. *How can I find out more about SteriSharps?*

A. Write: A·S·R HOSPITAL DIVISION, DEPT. HM, 380 MADISON AVENUE, NEW YORK 17, N. Y.

In Canada—A·S·R HOSPITAL DIVISION, 2055 DESJARDINS AVENUE, MONTREAL, CANADA

Literature and samples for your evaluation available upon request. If you have further questions—ask us.

A·S·R precision products

SteriSharps . . . the first and only sterile, stainless-steel surgical blade

For more information, use postcard on page 145

Management Aids

1001 — Floor Maintenance Equipment and Supplies

■ A FOUR-PAGE FOLDER by Finnell Systems, Inc., describes "Everything for Floor Care," scrubbing, waxing, polishing, and mopping equipment; also waxes, sealers, and cleansers, with recommendations for use and packaging information.

1002 — Chicken Book

■ BOOKLET prepared by Procter and Gamble research kitchens describes 14 ways to fix chicken. Also how to select fresh poultry and frozen poultry; and how to achieve good results in preparation.

1003 — Cubicle Hardware

■ CATALOG available from Grant Pulley and Hardware Corp., describes specially designed features of curtains and accessories to operate both suspended and ceiling installations.

1004 — Antimicrobial Agents

■ A WALL CHART giving an up-to-date listing of antimicrobial agents by both generic and tradenames with their manufacturers and microbial derivation has been made available to laboratory workers by Baltimore Biological Laboratory, Inc. The chart is designed to help laboratory personnel with the complex nomenclature often associated with the newer antimicrobial agents. The chart also serves as a guide for *in vitro* bacterial susceptibility testing with sensitivity discs by listing the appropriate catalogue and code number of the BBL Sensi-Disc for the various agents.

1005 — Condensed Data Book

■ A NEW condensed catalogue listing the entire line of Permacel-Lepage's Inc. tapes and adhesives has just been released by the company. The book is designed primarily as a quick and convenient guide in selecting the material best suited for use in solving a particular problem.

1006 — Electron Microscope

■ A NEW 6-PAGE folder containing engineering information on the electron microscope is available gratis from the Instruments Division of Philips Electronics, Inc. Text covers construction details, election optical system, election source, condenser lens, objective lens and intermediate lens systems. Sections are included on the beam wobbler, electron optical alignment, electronic power supplies, vacuum system and photographic equipment including 35mm, two by two inch plate and front end cameras.

1007 — Laboratory Glassware

■ A NEW 16-page, two-color pamphlet entitled, "Prophylaxis For Rising Costs . . . The Common Ailment of the Modern Hospital," has been published by Doerr Glass Company. The booklet emphasizes the savings available to hospitals by a comparative list price chart and also, spotlights the facts concerning the choice of heat resistant borosilicate ware and lime glass in hospital laboratory use.

1008 — Standards of Sterility

■ WALL CHART listing standards of sterility to protect hospitals and patients against bacteria is now available from Kathabar Division of Surface Combustion Corp. Chart has been prepared based on suggestions by leading medical authorities and air hygiene specialists.

1009 — Planning and Layout Device

■ THIS BOOKLET is aimed at cutting costs and tensions generally encountered in the planning and procedures departments of business firms, available from Planoramics. The kit described is reusable and guaranteed for an indefinite number of years; because it contains no adhesive, the materials can be used over and over.

a plan of attack

against the spread of infections in hospitals

THE WAR IS ON! Never, since the days of Lister have hospital personnel been waging such a fierce war.

Then the enemy was all types of germs.

Today it is *staphylococcus aureus* 52/42B/81 and other uncontrolled resistant strains. These organisms are producing serious infection in patients, newborn infants and hospital staff.

INFECTIVE AGENT AIR-BORNE. It has been rather clearly established that the infective agent is usually air-borne in the form of dried fomites after originating in a septic wound. The primary means of distribution is the respiratory tract of hospital personnel. The pathogens settle everywhere. Tests have shown them to be hardy with survival from a few days to many months.

There is only one apparent effective control: *complete disinfection throughout the hospital.*

It must be continual—there must be a return to the "old fashioned" hospital attitude and methods of asepsis. No longer can we let antibiotics substitute for the tried and true methods of cleanliness.

PLAN OF ATTACK AVAILABLE. Huntington Laboratories has developed a brochure which presents an outline for over-all control of infections in hospitals. To be successful, it must be instigated by the Administrative Head of the hospital. Copies of "A Suggested Plan for Infection Control in Hospitals" are available without charge. Send for it. We think you will find it helpful.

The Man Behind the Drum . . . your Huntington representative, will gladly give you all of his time you need to answer your questions and to explain the Huntington plan. His experience can be extremely helpful to you. Send coupon below for test result data and information on Huntington products.

BACTERIOLOGICAL TEST RESULTS

- ☐ Research Bulletin: San Pheno X Germicide Kills Resistant Staph.
- ☐ Research Bulletin: Hexa-Germ Prevents *Staphylococcal* Skin infection in the Newborn Nursery.
- ☐ Research Bulletin: Tests on the Preservative in Germa-Medica Liquid Surgical Soap. Also Irritation Test Results.
- ☐ Tests on Hexa-Germ Antiseptic Skin Detergent with 3% Hexachlorophene for Pre-Operative Surgical Hand Washing.
- ☐ Tests on the Bactericidal effect of Hi-Sine Iodine Detergent-Germicide.
- ☐ Brochure of Bacteriological Studies on San Pheno X Germicide.
- ☐ Research Bulletin: Test Results on Forma-San Instrument Germicide with *M. Tuburculosis.*

HUNTINGTON LABORATORIES, INC.
HUNTINGTON, INDIANA

Please send me "A Suggested Plan for Infection Control in Hospitals" and test result data on Huntington products checked at left:

NAME _____

TITLE _____

HOSPITAL _____

ADDRESS _____

CITY _____ ZONE _____ STATE _____

For more information, use postcard on page 145

Continued from page 109

tories, turnover of stock and daily patient drug costs.

Communicate with Other Department Heads

Proper horizontal communications are also very important. By this I mean communications with other persons in the hospital who are on your organizational level.

Some department heads cannot work well together. Some do not even talk to each other because of petty grievances. This creates an unhealthy organization. Try not to be such a department head. It is belittling both to you and to your hospital. Judge your problem. If it is one which does not require administrative discussion, then take it directly to the person concerned. If a change of hospital policy or a new procedure is evolved out of your meeting, then present it for administrative approval before putting it into effect. This practice does not only produce good organization, but it also creates good will.

Responsibilities to a New Director

To do this I would like to outline an actual management questionnaire which a new hospital director recently presented to each of his department heads. The outline is as follows:

1. List major functions performed and physical location of each
   a. Service functions
      (1) Service functions for patients
      (2) Service functions for other hospital departments
      (3) Service functions performed for nonhospital departments
   b. Educational functions
   c. Research functions
   d. Other functions
2. List services performed for department by nonhospital departments
   (Indicate department performing these services)
3. Organization and Personnel
   a. What is the organizational structure within the department
      (1) Do you now have an organizational chart, if so, furnish a copy
      (2) List assistants and key supervisory personnel with a brief description of experience and qualifications, time in present position, and age
      (3) Report the number of personnel, full time and part time in the present budget
   b. Give a brief description of your education, experience, and list hospital institutes or courses attended
4. Policies and Procedures
   a. List departmental policies which are recorded in writing. Indicate whether or not approved by administration and date of approval if possible
   b. List procedures recorded in writing
5. Reports
   a. List reports prepared, for whom and periodicity
   b. List reports received, from whom and periodicity
   c. Report total volume of service produced in each of last five fiscal years and by month in the current fiscal year to date.
6. Problems
   State concisely the major problems of the department in the following areas:
   a. Organiation and management
   b. Policy and procedure
   c. Relationships
   d. Operation
   e. Physical facilities and working conditions
      (1) Equipment (2) Building

On our floor
WITH THIS R36 PEDATROL UNIT – YOU CAN BE CERTAIN OF CORRECT DOSAGE EVERY TIME. EACH OF THESE SEGMENTS HOLDS 10 ML. OF FLUID. NOW WE CAN GIVE EXACTLY WHAT THE DOCTOR ORDERS!
BAXTER LABORATORIES, INC.
Morton Grove, Illinois

How many of these points would you be able to complete for your department? Take this questionnaire back to your hospital and list your answers in writing. It is a good way to inventory your administrative responsibilities. For example, under "policies" you could list your policies relating to:

1. The pricing of prescriptions
2. Prescriptions for personnel
3. Prescriptions received by telephone
4. Refill prescriptions
5. Narcotic licensure
6. Admission of new drugs into the Formulary
7. Research drugs
8. Pharmaceutical detail men
9. Dispensing of narcotics
10. The issuing of drugs to the nursing units
11. The hours when the pharmacy is in operation
12. Vacation time and sick leave

Under "procedures" you could list the procedures by which you:

1. Prepare and file purchase orders
2. Prepare annual federal permits for narcotics and ethyl alcohol
3. Dispense narcotics and ethyl alcohol
4. Receive drugs from the central storeroom
5. Keep a perpetual inventory
6. Return outdated merchandise to the manufacturers
7. Admit new drugs into the Formulary
8. Deliver drugs to the nursing units
9. Price and file outpatient prescriptions
10. Prepackage drugs
11. Manufacture sterile solutions

If you already have a procedural manual, all of these procedures would be included in it.

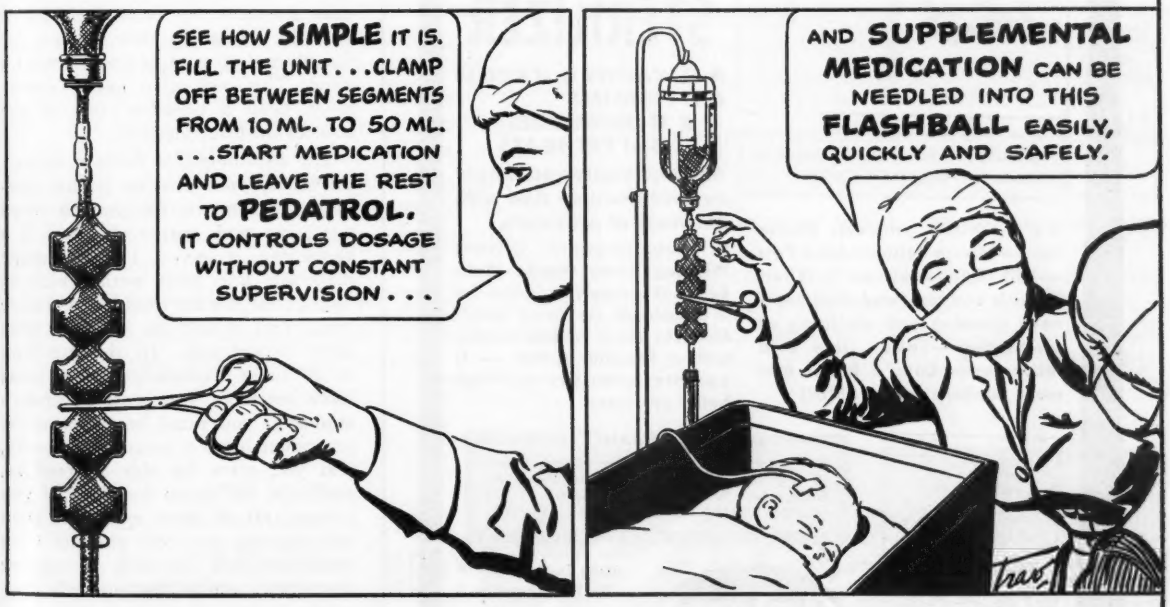
Under "reports prepared" could be listed:

1. Monthly financial report to hospital director
2. Monthly report of general pharmacy activities to hospital director (This could include special projects, manufacturing results, educational activities, research activities, outside meetings attended.)
3. Minutes of Pharmacy and Therapeutics Committee meeting to Committee members and hospital director
4. Annual federal permits to use and withdraw tax-free alcohol to the local commissioner
5. Monthly report on the receipts and use of tax-free alcohol to the local commissioner
6. Annual narcotic inventory and permit to dispense narcotics to local internal revenue office
7. Monthly charges for prescriptions and interdepartmental requisition to the accounting office

Under "reports received" could be listed:

1. Monthly departmental ledger sheet from the accounting office
2. Monthly summary of activities of other departments from hospital director
3. Receiving reports on merchandise from central storeroom
4. Daily narcotic inventories from nursing units
5. Sterility tests on injectable products from bacteriology department

Think how valuable it is for a new director to have all of this information from each department in front of him when he comes into a hospital. But don't wait until a new director may come to your hospital


SEE HOW SIMPLE IT IS. FILL THE UNIT. . .CLAMP OFF BETWEEN SEGMENTS FROM 10 ML. TO 50 ML. . . .START MEDICATION AND LEAVE THE REST TO PEDATROL. IT CONTROLS DOSAGE WITHOUT CONSTANT SUPERVISION . . .
AND SUPPLEMENTAL MEDICATION CAN BE NEEDLED INTO THIS FLASHBALL EASILY, QUICKLY AND SAFELY.

pioneering parenterals for a quarter century

For more information, use postcard on page 145

before you compile this data. Prepare it now.

Responsibility of Administration to the Chief Pharmacist

We have already pointed out that it is the responsibility of the director to delegate to the chief pharmacist the authority to manage his department But the director's responsibilities do not stop here. In addition to this:

1. The director should allow sufficient time for personal conferences with the chief pharmacist.

2. The director should thoroughly evaluate recommendations made by the chief pharmacist and either give approval or give sufficient reason for disapproval.

3. The director should delegate authority to the chief pharmacist to prepare his own budget and select his own personnel. These would, of course, require final approval by the director.

4. The director should not delegate unnecessary responsibilities to the chief pharmacist such as calculating the payroll and screening all of the lay personnel. These should be done by centralized departments. There was the case of a university in which the professors were required to prepare the monthly payroll for each of their departments. The teaching of physics, chemistry, and biology was neglected, but there were dozens of excellent payroll clerks.

5. The director should keep the chief pharmacist informed on general administrative policies which directly or indirectly affect the pharmacy.

6. The director should approve the chief pharmacist's travel expense for at least two annual pharmaceutical meetings either on a local or national level.

7. If the chief pharmacist merits an increase in salary, the director should take the initiative in granting the increase without the chief pharmacist having to make a request for it.

8. The director should schedule periodic department head meetings where the chief pharmacist will be able to meet and discuss mutual problems with the other department heads.

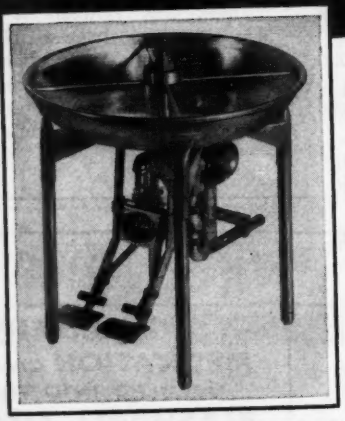
9. The director should compile and abstract the monthly reports prepared by each department, and the composite should then be distributed to each department head.

10. The director should compile and abstract the procedural manuals prepared by each department and the composite should then be distributed to each department head. This will give each department head a broader view of the overall hospital picture.

The fulfillment of these responsibilities by your director should provide the impetus for you to carry out your own responsibilities. If a carpenter is given the necessary materials and tools with which to work, he should build his house well. You should do likewise with your department. To do this you must have knowledge, you must have initiative, you must be understanding, you must be cooperative, you must have a sense of curiosity, and you must be able to analyze, evaluate, and make decisions. If you possess all of these qualities, then undoubtedly you will execute your responsibilities in such a manner that your administration will certainly be proud to have you as a member of its hospital team. ■

Every executive knows there is nothing common about common sense.

• It's All New!
• It's Revolutionary!
• It's The STERILIZER of Tomorrow--Available Today!



"Its Pedal Operation" is as simple as stepping on the gas pedal of your car

"AerVoid" The Best Known Name in Portable Food Service Equipment — Is Proud To Introduce Its Newest And Most Needed Development.

This All New Stainless Steel — DeLuxe Model No. 5

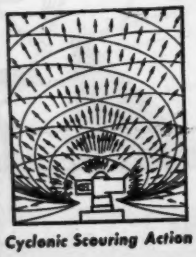
STERILIZER

• IT WASHES • IT RINSES
• IT STERILIZES
• IT DEODORIZES
• IT PRE-HEATS

All done easily and simply by foot pedals - And with mechanical precision.

Its "Revolutionary" Cyclonic Whirling Spray Nozzle (Ball-Bearing) propels a powerful 3 directional Jet Spray which sanitizes every minute crevice with a Scouring Action — It operates with Low or High boiler pressures.

It's a "MUST" wherever Refuse Cans—Mixing Kettles—Stock Pots —Milk Cans—Large Kitchen Utensils and Insulated Containers need cleaning and sterilizing or pre-heating—Saves time and labor costs—Does a better and more sanitary job—FASTER!



Cyclonic Scouring Action

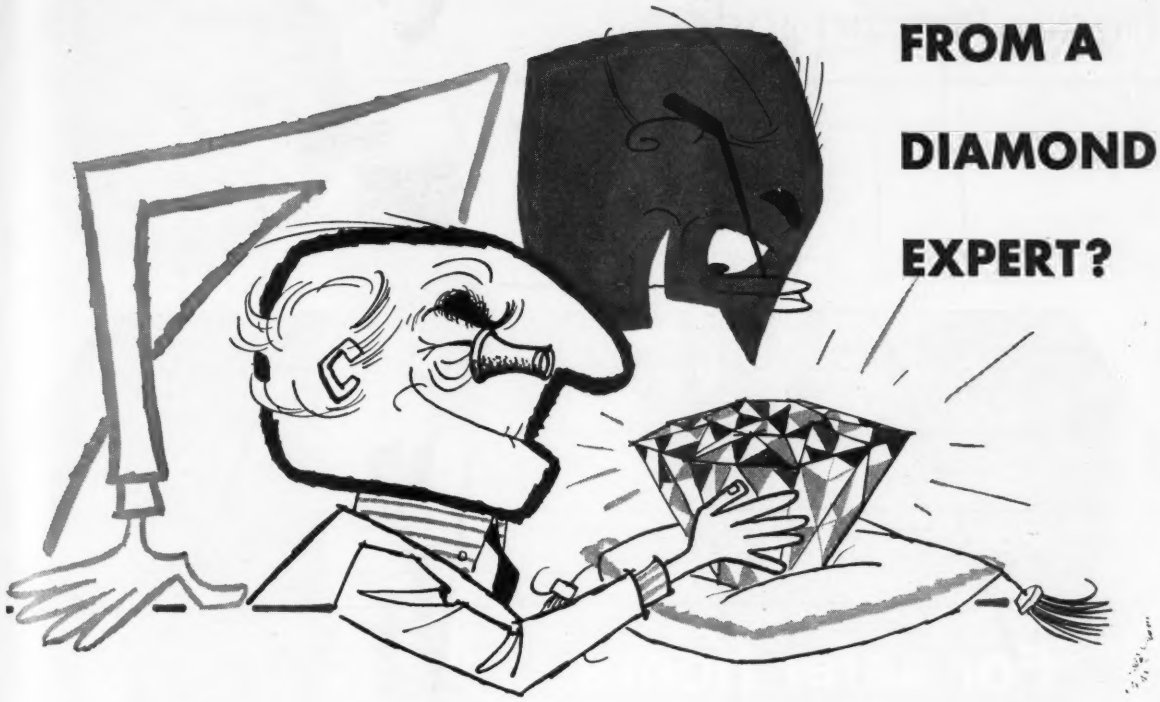
"IN COMPLIANCE"
With Sanitary Construction Requirements (Items 10 and 12 — Ordinance and Code Regulating Eating and Drinking Establishments) of the UNITED STATES PUBLIC HEALTH SERVICE.

Write To Dept. HM-19 For FREE Literature

AERVOID — SINCE 1913 —

Vacuum Can Co.
19 S. HOYNE AVE. • CHICAGO 12, ILL

WHAT CAN A PURCHASING AGENT LEARN FROM A DIAMOND EXPERT?



One slightest flaw in a gem may cause it to split or shatter when it is cut. And so the gemologist looks for consistency of quality in every stone.

Consistency is important in buying uniforms, too. That's why so many Purchasing Agents, rather than dealing with many suppliers, one for patient gowns, another for operating room apparel, still another for kitchen, nursing, and other departments, have learned that Angelica's complete line of uniforms gives them, *consistently,* all the advantages they had hoped to get:

√ **CONSISTENT HIGH QUALITY**... High standards in choosing materials for durability, color-fastness, and shrinkage-control.

√ **CONSISTENT ECONOMY**...longer wear--savings in repairs--fewer replacements--add up to "more for your money."

√ **CONSISTENT COMFORT**... you can always be sure that all Angelica garments are full cut and always true sizes--no skimping on materials.

√ **CONSISTENT SERVICE**... Fifty trained salesmen, strategically located warehouses and largest stocks of any hospital apparel manufacturer assure you of fast delivery.

√ **CONSISTENCY**...Yes, that's the answer in diamonds or uniforms; the reason so many Purchasing Agents now look to Angelica to supply uniforms for *all* personnel in *all* departments.

HIA HOSPITAL INDUSTRIES ASSOCIATION

Send Today For Your Copy Of The New Angelica Catalog Of Hospital Apparel

1878 · 1958 · 80th · ANNIVERSARY

Angelica® UNIFORMS

1427 Olive St., St. Louis 3, Mo. • 107 W. 48th, New York 36, N. Y. • 110 W. 11th, Los Angeles 15, Calif. • 177 N. Michigan, Chicago 1, Ill.

For more information, use postcard on page 145

Use quality floor waxes containing Du Pont's anti-slip ingredient

LUDOX®

COLLOIDAL SILICA

DU PONT

REG. U. S. PAT. OFF.

BETTER THINGS FOR BETTER LIVING
... THROUGH CHEMISTRY

You benefit two ways with floor wax containing "Ludox". First, there's the skid resistance "Ludox" adds. Tiny, transparent spheres of "Ludox" exert a snubbing action with every footstep . . . give sure-footed traction. Second, you get the lasting beauty only a fine wax can give your floors . . . and it's easy to *keep* floors beautiful, because scratches and scuffs can be buffed out, without rewaxing.

Floor waxes containing "Ludox", Du Pont's anti-slip ingredient, give your floors the appearance you want, plus added safety underfoot. Mail coupon below for more information and a list of suppliers for products containing "Ludox". E. I. du Pont de Nemours & Co. (Inc.), Grasselli Chemicals Department, Room N-2533, Wilmington 98, Delaware.

MAIL THIS COUPON TODAY

DOUBLE-ACTION RUG AND UPHOLSTERY SHAMPOOS—A NEW USE FOR LUDOX®

New shampoos containing "Ludox" *clean and treat* rugs against resoiling in just one application. "Ludox" fills microscopic fiber crevices . . . protects surface so dust and dry dirt don't cling. Dirt stays on surface for easy removal.

I'm also interested in:
☐ Names of suppliers of anti-slip floor waxes containing "Ludox".
☐ More information about double-action rug and upholstery shampoos containing "Ludox".

E. I. du Pont de Nemours & Co. (Inc.)
Grasselli Chemicals Department, Room N-2533HM
Wilmington 98, Delaware

Please send me the free booklet describing the advantages of using floor wax containing "Ludox."

Name_____

Firm_____ Title_____

Address_____

City_____ State_____

Shopping Around

with Orpha Mohr

Linen Supply

by **Major Grover C. Kistler, M.S.C.**

Linen control is a serious problem in most medical facilities.

Linen is defined as those textile items (standard or nonstandard) such as sheets, pillowcases, towels, wash cloths, pajamas, bath robes, gowns, et cetera. Excluded from this classification are mattresses and pillows.

This paper is a resumé of selected literature dealing with linen control and the listing of certain considerations that might be applicable in the solution of a specific linen control problem in a medical treatment facility.

Part I

Linen Control Systems

■ THERE IS NO ONE item in the hospital that has such a varied purpose as linen. It contributes to the comfort of the patient, the neatness and appearance of duty personnel, and may be classified as basic equipment in medical and surgical procedures.[1]

An effective and efficient hospital linen service and distribution system has three main objectives. *First,* it should assure sufficient linens where and when needed; *secondly,* it should operate with adequate stocks and minimum labor; and *thirdly,* it should limit excessive use and loss.[2]

There appears to be no one "best" linen control system. This conclusion has been succinctly stated by Cullen, *"Many systems have been tried and many articles published dealing with the problem (linen control), yet today we still find, in conducting surveys of laundry problems in our institutions, that linen control is the number one problem on the list."*[3]

Writers have proposed a variety of linen control systems which are presented below:

MacEachern suggested two systems of linen circulation; viz, the departmental system, which makes definite assignments of linen supply to departments and the centralized system, which establishes a central supply in charge of the laundry manager or the housekeeper.[4]

A departmental system is one wherein each using agency has its own linen which is identified by specific markings and is returned from the laundry direct to the using agency. A centralized linen service, on the other hand, envisions a central linen supply room which fills requisitions from using agencies. Requisitions are based upon the differences between stocks on hand and established quotas.

Barrett[5] discusses three methods of furnishing linen service:

Method 1. Sometimes each ward is issued a standard supply of linen in which case it is labeled with the name of the ward and the date of issue. After laundering, the linen is sorted and returned to the proper ward.

Method 2. Some hospitals consider it less expensive and more efficient to use a central linen room. The linen which is issued is marked with the name of the hospital (and the date) but it is not designated for a specific ward. All linen is returned after laundering to the central linen room. When a central linen room is used distribution to the wards may be accomplished by one of several methods. One method requires a requisition from the head nurse (or her assistant) who estimates the ward needs on the basis of a standard.

Method 3. To overcome these disadvantages[6] another distribution method is sometimes used. Linen is issued to the wards daily or at periodic intervals in accordance with a fixed standard in relation to the number and type of patients and the number of discharges. The calculation of needs is made in the linen room. A shelf count is made on each ward by a member of the

linen room staff or by the ward maid and the amounts on hand are deducted from the estimated needs. This method saves considerable time for the head nurse and works in a satisfactory manner in many institutions where it has been tried. Sometimes linen has been put up in bundles, one for each patient, containing the usual daily allotment of a sheet, pillowcase, face towel and such. An extra supply of each item is sent for emergency use and for patients who may require additional linen. Complete sets of linen each containing the items necessary to make up a unit are also sent, the number corresponding with the number of patients to be discharged. To minimize handling and save time for the ward staff the daily bundles may be delivered directly to the patients' rooms the afternoon or evening before they are to be used.

McGibony[7] says: *"While some hospitals have the control of linen under the direction of the laundry manager, many give this responsibility to the housekeeper, particularly if a central linen room is maintained. Decentralization is receiving more and more trial and experimentation, particularly through the use of linen carts which carry the requirements for a nursing unit. These carts are, in effect, linen closets on wheels, and appear to be efficient as well as space savers."*

Morril[8] describes a system of linen control which is based on the fact that the hospital would have and would operate its own laundry. Under this system, each department sends its soiled linen to the laundry in bags which have been marked with the designation of the ward. The laundry counts the soiled linen and refers the count to the linen room which takes this as a requisition and issues clean linen in a like amount.

Cullen[3] discusses three universally accepted systems of linen distribution.

1. The *requisition system,* under which the charge nurse orders the linen needs directly from the laundry or central linen room. Generally some sort of form sheet is used, listing the various items and providing space to fill in the amounts needed. On this sheet, the charge nurse identifies her unit, the date, census, et cetera; she checks her "on hand" supply and orders according to her needs. Ordering under this system is generally by census plus one-half. The slip is sent to the nursing office where it is checked and countersigned by the director of nursing or her assistant, then sent to the linen room.

2. The *direct exchange system,* under which each floor has a quota of linen marked specifically for that floor. When the floor is ready to send soiled linen to the laundry, it must count each item, record it on a slip and send the floor count along with the soiled linen. The sorter in the laundry recounts and checks against the floor count, after which an equal amount of fresh linen is then returned to the floor.

Under the floor plan of linen distribution, each floor is assigned a certain quota of linen. At different intervals, a laundry worker checks and replenishes the supply on each unit.

3. The *"color-code" system* operates in the following manner: Each floor or patient unit is issued a quota of linen for maximum bed complement plus a reserve set for each bed (which is held in the linen room). A fast-color rayon braid was employed as a means of designating floor or patient unit ownership of linen. Soiled linen is sent to the laundry without count and is returned to the proper using agency after laundering based upon the *"color-code"* plan.

McGinness[9] describes the *Cart Exchange* and the *Pack System.* In the cart exchange system a linen cart is stationed at each service area and a duplicate cart in the central linen area. Linens are packed on the cart in accordance with predetermined stock levels. The cart is then brought to the service area where it is exchanged for the cart containing soiled linens. In the pack system, linen personnel remove linens from the shelf and arrange in two basic packs known as the daily pack and the discharge pack. The daily pack may consist of two sheets, a pillowcase, a hand towel, bath towel, wash cloth and patient gown. The discharge pack contains all of these items plus a mattress pad and bedspread.

Another system[10] is the departmental system where the linens for each floor and department are marked and returned to the particular floor or department from which they were received.

---

[2]Smith, Glen K. An Evaluation of Hospital Linen Controls. Unpublished Master's Thesis, Baylor University, Waco, Texas, 1956, p 2.

[3]American Hospital Association, Hospital Laundry Manual of Operations, Publication No. M7-49, Chicago, Ill: 1950, p 139.

[3]Cullen, Edwin T. 'Color-code' Plan for Linen Control, Hospitals, 1955, 29 (8), 106.

[4]MacEachern, Malcolm T. Hospital Organization and Management. 3rd ed. Chicago, Ill: Physicians Record Company, 1957, p 949.

[5]Barrett, Jean. Ward Management and Teaching. 2nd ed. New York, N. Y.: Appleton-Century-Crofts, Inc., 1954, pp. 158-160.

[6]The disadvantages referred to by Barrett are: For Method 1: This method requires the time of maids to sort linen by wards and it also permits linen to be stocked on the shelves when the census is light. A larger total supply is therefore needed than would otherwise be necessary. For Method 2: This method involves considerable time on the part of the head nurse and is apt to lead to shortages due to hoarding on wards where needs are not accurately estimated.

[7]McGibony, John R. Principles of Hospital Administration. New York, N. Y.: G. P. Putnam's Sons, 1952, p. 312.

[8]Morril, Warren P. The Hospital Manual of Operation. New York, N. Y.: Lakeside Publishing Company, 1934, pp. 171-173.

[9]McGinness, Neil. Linen Pack System vs Cart System, The Modern Hospital, 1956, 86, 130.

[10]Peterson, Telmer O. Distribution and Control of Hospital Linen, Hospitals, 1954, 28, 144. ■

Hall China Co., East Liverpool, Ohio should be added to list of American china manufacturers which appeared in the September issue.

CHRISTOPHERSON

Continued from page 28

was published and distributed throughout Latin America.

The American Academy of Pediatrics is proud of its accomplishments in preparing this manual, but it is even more impressed with having been the instigator of such a splendid and successful cooperative program. It is believed that this idea of bringing in other organizations to assist in the planning stages as well as in the activation program was utilized effectively for the first time in this program conceived by the Academy. The Academy is so convinced that this is the proper way to do things of this sort that since 1952 several other programs in various areas of child health have been initiated by the Academy on a cooperative basis. It is believed that all of the groups concerned profit by these arrangements and that the children of the Americas and perhaps even the world are the principal ones to benefit.

In the meantime the Committee on Fetus and Newborn is working on various aspects of the care of newborns and will from time to time issue additional reports and other revisions of the "Standards". The American Academy of Pediatrics has come to value the close contacts developed with other organizations and the apparent fruitful results of these relationships. ■

HERE'S PROOF...

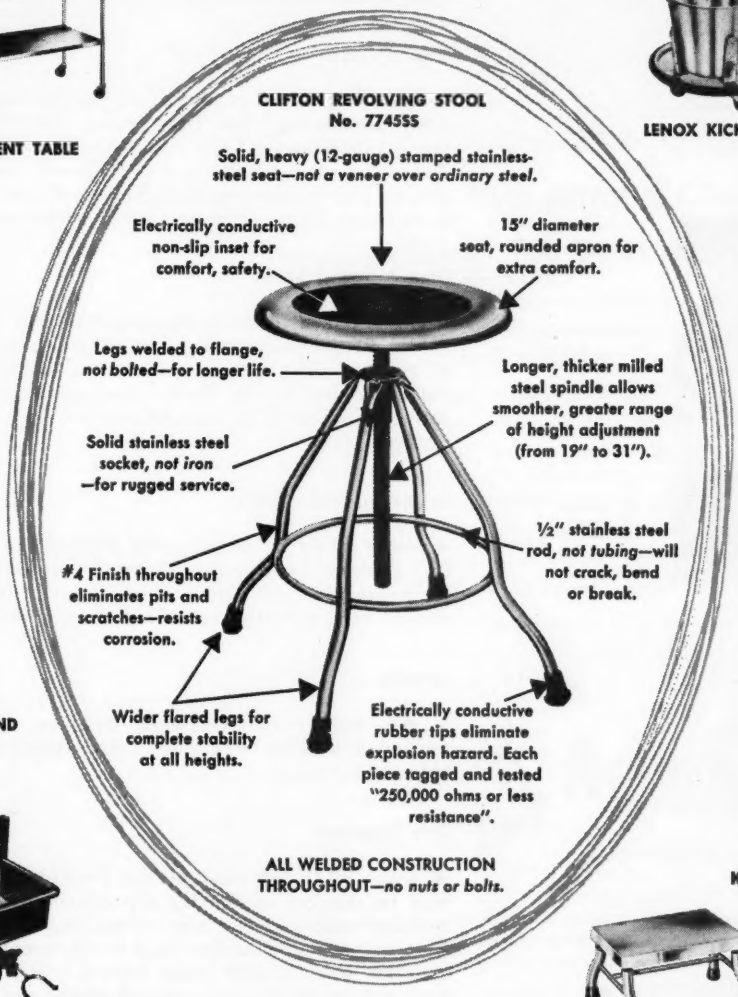
Blickman Equipment is the finest ...yet it costs no more!

HOWARD INSTRUMENT TABLE

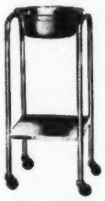
LENOX KICK BUCKET

NORTHERN IRRIGATOR STAND

MANHATTAN MAYO STAND

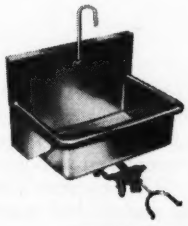

CLIFTON REVOLVING STOOL
No. 77455S
Solid, heavy (12-gauge) stamped stainless-steel seat—*not a veneer over ordinary steel.*
Electrically conductive non-slip inset for comfort, safety.
15" diameter seat, rounded apron for extra comfort.
Legs welded to flange, *not bolted*—for longer life.
Longer, thicker milled steel spindle allows smoother, greater range of height adjustment (from 19" to 31").
Solid stainless steel socket, *not iron* —for rugged service.
½" stainless steel rod, *not tubing*—will not crack, bend or break.
#4 Finish throughout eliminates pits and scratches—resists corrosion.
Wider flared legs for complete stability at all heights.
Electrically conductive rubber tips eliminate explosion hazard. Each piece tagged and tested "250,000 ohms or less resistance".
ALL WELDED CONSTRUCTION THROUGHOUT—*no nuts or bolts.*

FERGUSON UTILITY TABLE



BAKER SOLUTION STAND

KELLOGG SPONGE RACK



WINDSOR SCRUB-UP SINK

WINFIELD FOOT STOOL

Blickman craftsmanship gives you the *full* benefit of stainless steel. Gauges heavy enough for hard wear. Finishes fine enough for full corrosion resistance and complete asepsis. Rounded corners...invisible seamless welds...completely crevice-free surfaces and joints—wherever required. Blickman alone delivers them all for added convenience, top performance, sure sanitation and decades of durability—*yet it costs no more!* For full details on Blickman's complete line of hospital equipment write: S. Blickman, Inc., 1610 Gregory Avenue, Weehawken, N. J.

BLICKMAN
HOSPITAL EQUIPMENT

Look for this symbol of quality... Blickman-Built

For more information, use postcard on page 145

Product News and Literature

1010

1010 — Staining Jar

■ NONTIP staining jar is designed with a square base instead of usual round base to allow alignment without wasted space. Holds up to 10 slides three inches by one inch.

1012

1011 — Masking Agent

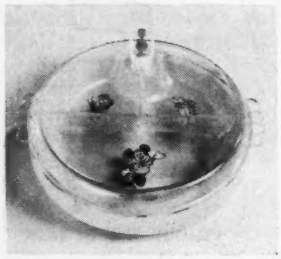
■ THE DEVELOPMENT of a new, all-purpose masking agent for "difficult deodorizing" has been announced. The compound is the product of extensive basic research on the subject of odor masking. This agent is available in four different forms, each providing specific end-fragrance effect. These include the following types: fresh mint; fruity; clean and sharp; and fresh, outdoor.

1012 — Glass-Marking Stylus

■ COMBINING a titanium marking stylus in a anodized-aluminum holder, the marker permits chemical and heat-resistant marking on all types of glass, quartz, and ceramic surfaces. The layer of titanium deposited by the marker does not penetrate nor weaken the surface. The markings may be removed by brief immersion in hot hydrochloric acid.

1013 — Revolving Guard Rails

■ HOLDS firmly in position with a strong, spring loaded pin knob. Swings down freely, out of the way, when spring knob is released. Automatically locks when swung back to an "up" position. Attaches to top or bottom rail of any hospital bed.



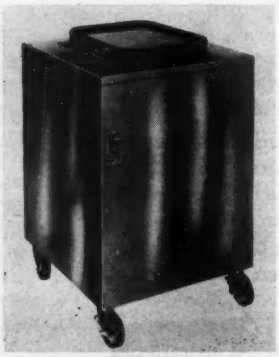
1014

1014 — Feeding Dish

■ THIS MICKEY MOUSE feeding dish has a compartmented top; molded-in handles and opaque base; molded of plastic and is available in four colors.

1015 — Tray Dispenser

■ HOLDS 90 to 150 trays at any desired height. Dispensing level may be changed by turning a removable handle which fits into a recessed socket on the front of the dispenser. Level is maintained by a stainless steel carrier, kept in alignment and self-leveled by a stainless steel aircraft cable control which operates over plated steel pulleys fitted with shielded grease packed ball bearings and is actuated by tempered chrome springs. This cable eliminates the need for openings and projections in the cabinet interior that accumulate dirt and bacteria.



1015

1016 — Asphalt Tile Coating

■ A NEW TYPE of tile coating to be used instead of wax. The product dries rapidly, does not bleed bituminous floor coverings, will not discolor in the slightest, is not slippery such as wall coatings and wax, and in addition possesses the ability to withstand friction far beyond any other type of floor covering. The product may be "spotted in" and therefore will not show traffic lanes due to excessive wear. Floors can be cleaned with a mop and warm water.

New patented CAVITY TILE*

Brings You Quiet at New Low Cost!

Perfected in Acousti-Celotex research laboratories, this new kind of sound conditioning *combines every feature* you look for in a hospital ceiling:

(1) high sound absorption that puts a hush on noise in corridors, wards, nurseries, labs, service areas, private rooms, surgery, offices, cafeterias; (2) incombustibility . . . carries UL label; (3) repaintable time after time with no loss of sound absorbing efficiency; these perforations won't clog! (4) instantly removable, for access to area above; (5) attractive . . . clean, smooth pure white surface; (6) economical . . . one of our lowest-cost suspended ceiling materials.

For demonstration and estimate, without obligation, call your Acousti-Celotex distributor. He's listed in the Yellow Pages.

*U. S. PAT. NO. 2,038,806

ACOUSTI-CELOTEX
REGISTERED U. S. PAT. OFF.
TRADE MARK
Sound Conditioning

Products to Meet Every Sound Conditioning Problem . . . Every Building Code
The Celotex Corporation, 120 S. La Salle St., Chicago 3, Illinois
In Canada: Dominion Sound Equipments, Ltd., Montreal, Quebec

—MAIL NOW FOR MORE INFORMATION!—

The Celotex Corporation, Dept. N-108
120 S. La Salle St., Chicago 3, Illinois

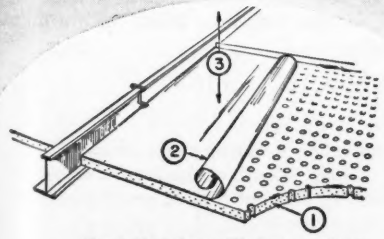
Without cost or obligation, please send me your new brochure on Cavity Tile and the name of my nearest Acousti-Celotex Distributor.

Name_____ Title_____

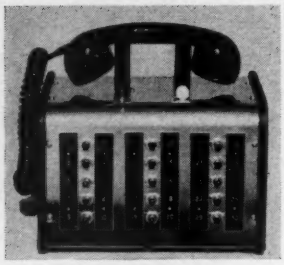
Firm_____

Address_____

City_____ Zone_____ State_____



Here's How Cavity Tile Reduces Noise:
Airborne sound waves enter perforations in (1) special gypsum board tile . . . are partially converted into thermal energy in transmission through (2) special membrane laminated to back of tile . . . are further dissipated by the "spring-like" action of the (3) air space (cavity) above.
RESULT: permanently high noise reduction efficiency



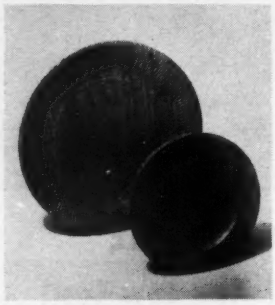
1018

1017 — Lens Cleaner Dispenser

■ THIS CLEANER leaves a lasting silicone film that helps to protect the surface of the lens. Easy to use, merely press the cap of dispenser to direct measured sprays on the lens, rub in, then polish.

1018 — Nurse Call System

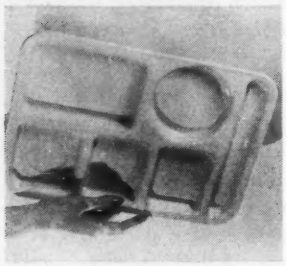
■ A AUDIBLE-VISIBLE nurses' call system, featuring a completely transistorized amplifier. This simplified, dual-reset call system requires only two wires common to all rooms and one individual wire to each patient room outlet, making possible the use of present light-call system wiring in use in hospitals. This system requires no "warm-up," so there is no need to leave it on when not in use.



1020

1019 — Oxygen Tank Carrier

■ THROUGH USE of this holder, oxygen is always immediately available and can be moved into the post-anesthesia room along with the patient. This oxygen tank attachment on the stretcher eliminates the potentially critical time lapse between operating room and the PA room, should oxygen be required.



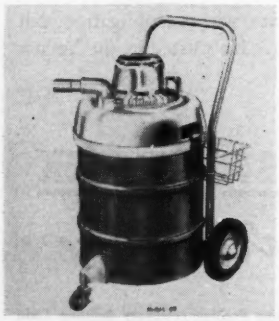
1021

1020 — Printed Paperware

■ THIS PLATE is printed on both sides, giving it the appearance of being formed from a solid sheet of hard wood. The plate is available to volume feeding customers in two sizes, six and nine inch. Because of grease and moisture resistant qualities it can be used for serving any food, hot or cold.

1021 — Serving Trays

■ THE TRAYS are resistant to boiling water, staining and breaking. The boilable feature means that the trays may be washed and dried in any commercial washing equipment without softening, changing shape or losing color. Trays are engineered for even weight distribution and proper food arrangement.



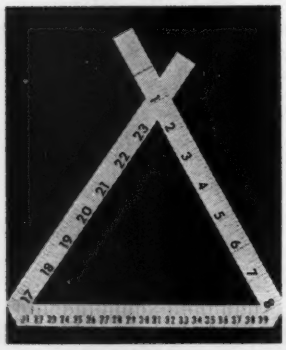
1022

1022 — Small Vacuum

■ THE VACUUM stands 26 and three-quarters inches high; has full swivel hose connection, both intake and exhaust openings in the cast aluminum head, recessed "out-of-the-way" carrying handles; eight-inch diameter heavy duty one and three-quarters inches wide semi-pneumatic wheels and extra durable hose; 30 foot cord.

1023 — Perineal Lamp

■ DESIGNED to prevent burns of patients or nurses. It has a protective grill across the face of the lamp reflector and a hood to protect against the warmth of the reflector. Made of durable aluminum; weighs three pounds.



1025

1024 — Soap Saver

■ A PERFORATED BAG, producing, when in normal use, unusual lather from small or large pieces of soap. Mouth of the bag stretches to admit large bar and snaps back to prevent loss of small pieces of soap.

1025 — Delivery Room Tape Measure

■ A DISPOSABLE tape measure to be used once, made of paper, for measuring newborn babies. These tapes are 24 inches long with inch markings on one side and millimeters on the other.

ELIMSTAPH #2

disintegrates and disinfects

germ cells from within

RESIDUAL — RETAINS KILLING EFFICIENCY

Prevent infection before it strikes patients or personnel. **ELIMSTAPH #2's** phenol coefficient of 33 makes it 3 to 6 times more powerful than most existing germicides.

Instead of surrounding the outer wall of the organism, **ELIMSTAPH #2** penetrates and disintegrates the shell, producing *positive* kill. Loses none of its killing properties as long as it remains on the floor.

ELIMSTAPH #2 is non-selective. Besides Staph, it kills on contact most known pathogens, spores and fungi. Eliminates odors by destroying the bacteria which cause putrefaction. Colorless, odorless, **ELIMSTAPH #2** is the least Toxic of germicides.

Saves you money. You use only one ounce per gallon of water. Cuts labor, too, because it cleans floors spic and span as it disinfects. Use it on walls, doors, furniture, toilets, showers, garbage cans, too. Clip the coupon *now* for full information.

Walter G. LEGGE Company, Inc.

Dept. L10 101 Park Ave., New York 17, N. Y.
Branch offices in principal cities. In Toronto—J. W. Turner Co.

YOU'RE SAFE WHEN YOU HAVE LEGGE TO STAND ON
LEGGE SYSTEM of Safety Floor Maintenance

☐ Please Rush full information on ELIMSTAPH #2.

☐ Have a LEGGE Representative phone me for an appointment.

NAME_____

FIRM (or HOSPITAL)_____

ADDRESS_____

CITY_____ ZONE_____ STATE_____

Continued from page 80

tiring of the program, she decided to retire and walked back to the corridor near a medicine cabinet and asked the nurse on duty to get her nightly pill or medication.

According to the Home's version, the nurse obtained the pill and in handing it to Mrs. Lagrone, the latter dropped it and stooped to pick it up and became dizzy and fell to the floor and fractured her hip.

According to the patient's version, the nurse, after getting the pill, turned suddenly and struck or bumped into Mrs. Lagrone, knocking her to the floor and causing her to fracture her left hip.

A trial of the action resulted in a verdict and judgment for defendant. On appeal plaintiff contended that the trial court erred in failing to permit her to show that defendant had composed a telegram sent to his insurance carrier to the effect that one of his nurses had collided with a patient. This court held that evidence of the telegram was properly excluded because it would have revealed the fact of insurance coverage, and that in any event there was no prejudicial error in the ruling of the trial because evidence of the telegram was cumulative of other evidence before the jury. Concluding, the court held that no error was committed in excluding the testimony of witnesses who were offered by plaintiff for the purpose of showing statements made by plaintiff after the accident, which statements were to the effect that a nurse had bumped into her. Such statements were self-serving and therefore inbile accident. No mention was made of any mental disturbance or distress afflicting her.

On March 31, the nurse entering the room "had a glimpse of patient passing over the window sill." It is from injuries resulting from the fall out of the window that the present suit was instituted.

"Here, there was nothing to indicate that plaintiff was contemplating suicide. To hold that under such circumstances the failure of the hospital attendants to apply restraints or to take other steps to restrict or confine her upon their own responsibility constituted negligence would place too heavy and dangerous a burden upon the attendants employed by a general hospital."

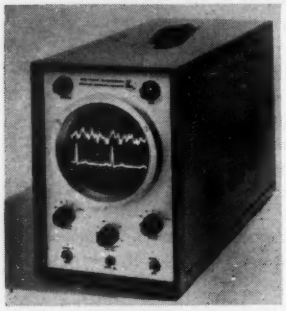
The judgment of dismissal was affirmed on appeal.
(Clements v. Swedish Hospital, 7 CCH Neg. Cases 2d 1324—Minn.)

For more information, use postcard on page 145

1026

1026 — Topical Deodorant

■ THIS DEODORANT is used to suppress odors from surgical wounds. As a spray, it can be quickly applied to the outside of the dressing covering the wound, combatting odor at the source.



1028

1027 — Bed Rails

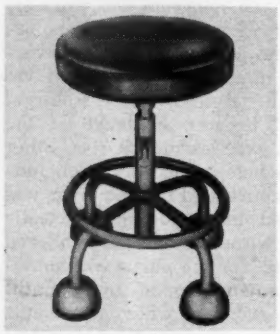
■ NOW AVAILABLE is this all new permanently attached safety bed rail. This extremely rigid rail can be easily installed on 90 percent of today's hospital beds giving adequate safety to patients. When in storage, bed rail is completely out of the way and yet ready to be pulled up and into position for immediate use. Rail locks securely for added safety.

1028 — Silicone Skin Protectant

■ THIS PRODUCT is inert and greaseless, is used in numerous circumstances, including colostomy and ileostomy cases, diaper rash, and for bedridden patients. Applied directly on the skin, the protectant seals it from the irritating effects of abrasion, perspiration and other irritating fluids.

1029 — Two-Channel Medical Scope

■ A TYPICAL APPLICATION of the instrument is simultaneous observation of electrocardiograph and electroencephalograph signals for monitoring anoxia in surgery. Other applications include recovery-room and cardiac-ward monitoring, cardiac catheterization and phonocardiography. Displaying two traces on a five-inch, long-persistent screen, the instrument has a frequency range to 2,000 cycles per second; a continously variable sweep rate from 7.5 to 100 mm per second; a sensitivity of 330 microvolts per centimeter.



1031

1030 — Sleepatron

■ RESTFUL SLEEP can now be obtained electronically through the use of the new transistorized inducer. A study and a survey was made to discover the type of sound that would best induce sleep and it was found that the sound of falling rain gave the maximum results. The inducer produces the sound of falling rain. It is completely portable and is powered for 1,000 hours on the four self contained flashlight batteries.

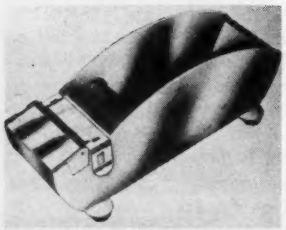
1031 — Surgical Stool

■ STOOL rolls at a touch on spring-loaded casters. When weight is applied safety domes over casters grip floor as casters retract. Positively cannot roll when user is sitting on it, according to the manufacturer.

1032

1032 — Miniature Tape Recorder

■ FULLY transistorized; small in size; automatic volume control; continuously variable tape speed including standard 1-⅞ inch, 3-¾ inch and 7-½ inch per second. Powered by four standard "D" flashlight cells, self-contained; dual track recording; takes standard 3 inch rolls; has fast rewind and automatic erase. Accessory cord permits operation from 6V car battery; operates 50 hours on one set of batteries and up to 70 minutes of recording per reel.



1033

1033 — Tape Dispenser

■ THIS feather-touch feed, manual type tape dispenser will handle any size tape from one inch to four inches wide. This machine features a subway feed, patented tape guides on the cutting strap, aluminum water box and pure bristle brushes.

Continued from page 72

bed hospital experienced only $716 in late and lost charges! We'll report other administrative benefits later, but first let us have a look at the procedures which make this possible.

Begin At Nursing Station

Our system starts at the nursing stations with multiple-part requisition-charge tickets *(figure 1)* and a simple, compact machine called a date punch. These are the tools which permit the hospital to make a more meaningful revenue analysis and establish effective administrative controls.

The requisition-charge tickets are housed in readily accessible open-end racks *(figure 2)*; 12 different types to answer the specific needs of the individual special

Fig. 2. Data punches at nursing stations reduce clerical burden to a minimum.

service departments. The requisition-charge tickets are marginally coded for a variety of factors. It is the sortability which provides flexibility as well as operating and statistical short cuts.

And it is the data punch which makes these requisition-charge tickets for special services almost articulate in the creation of reports *(figure 3)*. Here is what happens. If a doctor orders a blood count, a nurse selects a hematology requisition-charge ticket set, and then removes the patient's data punch plate from the plate rack conveniently located on the top of the machine.

Inserting both in the data punch, with one forward pull of the lever this happens: The requisition-charge ticket set is imprinted with

Fig. 3. Report of findings being recorded directly onto original requisition-charge ticket set. This speeds up report of findings and eliminates departmental logs.

the nursing unit, and the patient's accommodation, class of payment, professional service and alphabetical patient code. At the same time, this information would be automatically code punched in the requisition-charge ticket.

Every hospital bed will annually require about 1,000 special service charges.

Revenue Analysis

It is in this mass of transactions that good revenue analysis and administrative controls exist. And at Stamford and other hospitals it is the operation of the data punch which not only speeds up the processing of these charges to the patient's account, but makes practical the merging and translating of these thousands of charge tickets for special services into usable reports.

At the Stamford Hospital, the patient's data punch plate is created on a machine located in the accounting office. This, in my opinion, is important! Just one person in the entire hospital is responsible for the accuracy of this information. This, plus two other factors, has contributed immensely to accuracy.

The printed information, instead of illegible hand entries, and the creation of all copies in one motion eliminate errors. There is only one place to make mistakes—the original creation of the plates—and when they do occur the error is at

NEW WAY TO

Prevent Faucet Leaks!

★ **9 out of 10 washers are fastened with screws that are TOO LONG or SHORT. The screws quickly loosen; the loosened washers are destroyed thru grind and squeeze of opening and closing faucets.**

34 years of research uncovers new solution

★ **Now, NEW (Patented) 'Sexauer' SELF-LOCK Monel screws, with an imbedded expanding NYLON PLUG, lock at the required depth AUTOMATICALLY, hold washers FIRMLY! Made of rustproof, non-corroding Monel, heads don't twist off, screw slots don't distort. They are easily removed when necessary, can be re-used repeatedly.**

★ **Used with NEW 'Sexauer' EASY-TITE faucet washers, they make a combination that outlasts past faucet repairs "6-to-1"! EASY-TITES are made of super-tough, pliable du Pont compound (neither rubber nor fibre) and reinforced, like a tire, with a vulcanized layer of Fiberglas. They resist distortion and splitting from shut-off grind and squeeze.**

Hidden costs of faucet leaks!

Faucet leaks are costly! As authenticated by Hackensack, N. J. Water Co. and American Gas Association, stopping just ONE PIN-HOLE SIZE (1/32") LEAK can reduce water waste 8,000 gal. quarterly. If a HOT WATER FAUCET LEAK, water and fuel savings JUMP to over $7.58 QUARTERLY—plus additional savings on MATERIALS, LABOR and costly FIXTURE REPLACEMENTS!

NEW SELF-LOCK screws and EASY-TITE faucet washers are just TWO of the "SEXAUER" line of over 3000 TRIPLE-WEAR plumbing repair parts and Pat'd. precision tools.

A "SEXAUER" Technician in your vicinity will make our NEW 126 page Catalog "H" available. He will gladly consult with you regarding a SURVEY of your plumbing fixtures to determine correct repair parts required and establish reasonable stock levels that avoid both overstocking and shortages—thus providing for efficient stock arrangement and control—all without obligation. WRITE TODAY!

J. A. Sexauer Mfg. Co., Inc., Dept. AF108
2503-05 Third Ave., New York 51, N. Y.

Gentlemen: *Please send me a copy of your NEW, 126 page catalog "H."*

My Name_____ Title_____

Company or Institution_____

City_____

Zone____ State_____

SEXAUER

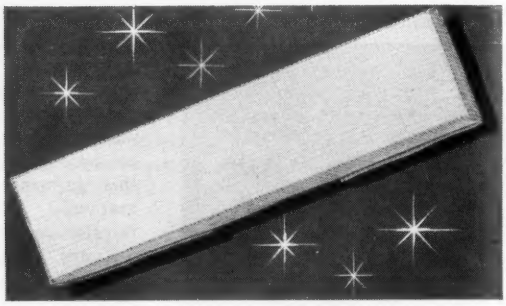
WORLD'S LEADING SPECIALISTS IN

For more information, use postcard on page 145

Wondersoft*

The same
"softest ever"
KOTEX your patients
use at home—

except it's a
full 12 inches long



Softest ever exclusive Wondersoft covering prevents chafing, won't catch on sutures.

Leakproof edges and greater absorbency of fluffy Cellucotton* filler mean greater protection, fewer pads per confinement, less nurse time.

Available in bulk, in individual pre-packs, and pre-packed with 4 Curity® cotton balls.

KOTEX*

MATERNITY PADS

A Product of the Kimberly-Clark Corp.

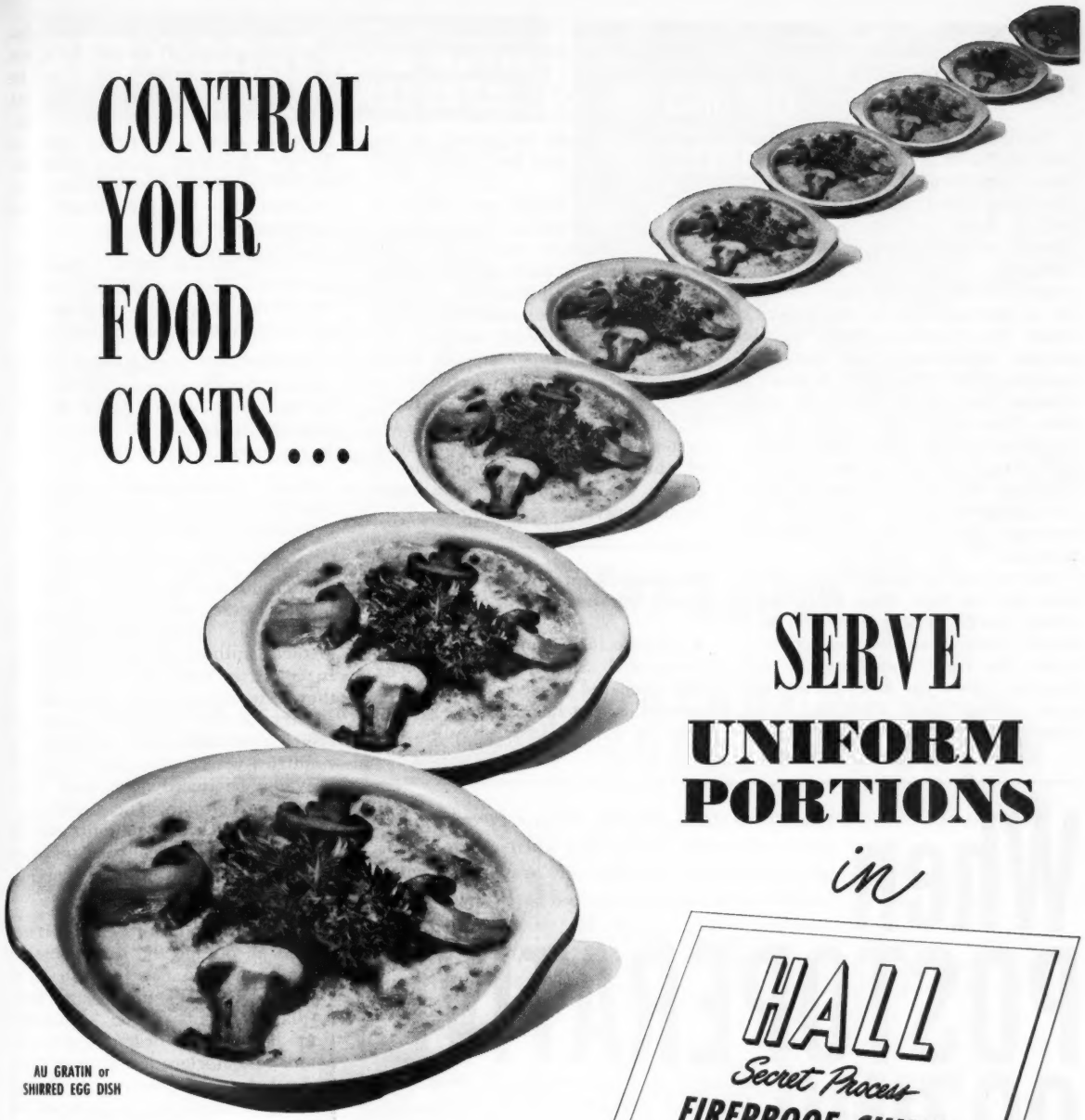
Distributed by

Bauer & Black

DIVISION OF THE KENDALL COMPANY

*Reg. T.M. of the Kimberly-Clark Corp.

CONTROL YOUR FOOD COSTS...



AU GRATIN or SHIRRED EGG DISH

SERVE UNIFORM PORTIONS *in*

HALL
Secret Process
FIREPROOF CHINA
AVAILABLE IN 26 BEAUTIFUL COLORS

Hall Baking Dishes make portion control automatic. The capacity of the dish assures uniform servings of the desired size—no need to depend upon the server's skill. Hall ware also provides an opportunity to prepare economical recipes which appeal to patients. Write for Bulletin SM-1.

THE HALL CHINA COMPANY • EAST LIVERPOOL, OHIO
The World's Largest Manufacturer of Fireproof Cooking China

HANDLED COCOTTE

FLUTED BAKING DISH

BOSTON BAKER

PUDDING PAN

AN ADDED SECRET
TO THE SECRET PROCESS
HALL CHINA
METAL-CLAD...by PLATECRAFT®

Secret Process **HALL CHINA** plated with lustrous nickel-chrome by a secret process.

Write for Bulletin MC-65

H-9

For more information, use postcard on page 145

least consistent. All the nurse has to do is circle the test ordered.

Flexibility

Flexibility exists in the distribution of the copies of the multiple-part requisition-charge ticket. At the Stamford Hospital, the entire set is sent to the appropriate special service department (with specimen, if one is involved). The *original*, with the findings entered on it, becomes part of the patient's chart. The *duplicate* stays in the service department for statistical analysis. This procedure is due to change and we'll report on that later. The *third copy* serves as the departmental log, while the *fourth*, the charge ticket, is sent to accounting where it is used to post the patient's ledger and then for revenue and units of service analysis.

Let us look at the business office first and see how these marginally coded charge tickets with their accurate and complete information serve the fiscal soundness at the hospital. The cross analyses are almost without limit. First and foremost is the efficient contribution to patient billing. The Stamford Hospital's annual operating revenue is approximately $3,000,000, about equally divided between routine and special services. Any business operation would be proud of the minimum late and lost charge previously quoted.

The charge tickets are imprinted and simultaneously code-punched for the patient's name. The first sort is to place such charge tickets in the same sequence as the patients' ledgers. The ease with which this is accomplished assures the patient of his statement being ready, complete and accurate on the day of discharge. This, in itself, would be enough to justify the system which simplifies the posting of these essential records, but it is just the beginning of advantages from a revenue viewpoint.

Recommendations On Heart Disease

■ The Social Committee of the International Society of Cardiology has prepared a series of recommendations on heart disease, which may be summarized as follows:

1. Every child in whom heart disease is suspected should be given expert examination for precise diagnosis and for proper treatment, if heart disease is established. Likewise, in adults, there is need of greater precision in the diagnosis of such conditions as cardiac pain, enlargement of the heart and hypertension.

2. International support should be given the dissemination of current knowledge regarding management of heart disease in pregnancy.

3. Interested organizations should sponsor a research program for prevention of rheumatic fever in children by penicillin or other antibiotic therapy.

4. An international conference should establish standards for evaluation of cardiac function.

5. Most cardiac patients, despite partial invalidism from moderate heart disease, can be employed in many more professions than nonmedical authorities now recognize. In countries with full employment, the State should take the responsibility for the calculated increased risk (super-annuation scheme); in countries where unemployment still prevails, sheltered jobs may represent a solution. Increased employment of cardiac patients should be studied scientifically to increase our knowledge of the cardiac patient at work.

6. National cardiological societies should encourage the establishment of voluntary associations to provide for home nursing, and to help cardiac patients after discharge from hospital, in order to prevent avoidable deterioration of their condition before they resume their customary, or suitable, occupations. ■

"Get Well" Messages Created in Vacation Bible School

■ Children in the pediatric ward were treated to a new form of entertainment when they were presented with a scrapbook made by children in the third grade Vacation Bible School of the La Jolla Presbyterian Church.

Each page held a colorful drawing with a little "get-well" message. Many sheets contained clever cut-outs which formed a portion of the drawing. The ideas expressed were those of each child, and are certainly indicative of the advanced thinking of the children in the schools today. ■

When POSTOPERATIVE OOZING Persists...

Efficacy of Antihemophilic Plasma in controlling the postoperative oozing that often occurs when patients have been massively transfused with banked blood has been reported by Howland.* He describes routine use of this specially processed plasma when oozing persists after closure of the wound. Fibrinolysis, he found, "usually responds dramatically" to its administration. Why this hemostatic efficiency? Because Antihemophilic Plasma is *fresh* plasma that has been rapidly processed to retain the labile clotting factors which are rapidly lost in banked blood. Hyland Antihemophilic Plasma (Irradiated, Dried) requires no grouping, typing or crossmatching. Just reconstitute with accompanying diluent and it is ready to administer. Five-year dating. Available in 3 sizes: 50 cc. with built-in filter for syringe administration; 100 cc. and 250 cc., each with administration set.

*Howland, W. S.: Cardiovascular and Clotting Disturbances during Massive Blood Replacement, Anesthesiology 19 (2): 140-152 (Mar.-Apr., '58).

HYLAND

Hyland Laboratories,
4501 Colorado Blvd., Los Angeles 39, Calif., 160 Lockwood Ave., Yonkers, N.Y.

RED GOAT COMMERCIAL FOOD WASTE DISPOSER

For HOTELS • HOSPITALS • RESTAURANTS CAFETERIAS • SCHOOLS • COLLEGES

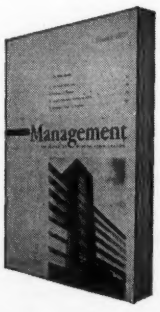
Model 5-100R-1 with Sorting Table— Designed for the Disposal of Garbage, Paper and Other Waste in VOLUME FEEDING ESTABLISHMENTS

Here is the most dependable, most efficient, most economical, and most trouble-free waste disposer on the market. The precision-engineered RED GOAT is designed on a completely new disintegrating principle, providing instant disposal of *all* types of waste and garbage from food preparation and handling in volume feeding establishments. Best of all, the RED GOAT is ruggedly built—with only one moving part—to give you years of service at minimum maintenance. Available with sorting table (as illustrated) or for under table installation. Furnished with powerful motors of various horsepower. Write for descriptive literature.

The COLERAIN METAL PRODUCTS CO.
Dept. E, 2021 Eastern Avenue, Cincinnati 2, Ohio

What's New in your hospital department?

HOSPITAL MANAGEMENT . . . the practical, how-to-do-it magazine for hospital personnel . . . offers you down-to-earth material which you can apply to good advantage in your specific hospital department. And remember, too — you can always look to HM for a quick, comprehensive insight on what's happening and what's going to happen (by departments) in the hospital field.



Hospital Management
105 W. ADAMS STREET
CHICAGO 3, ILL.

ANCHOR *All-Nylon* SURGEON'S BRUSH

Tough . . . Guaranteed to withstand more than 400 autoclavings

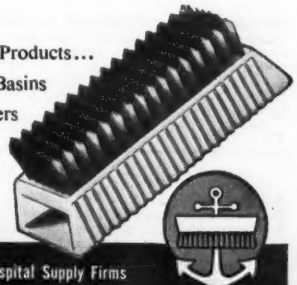
Gentle . . . Tufts are soft but firm . . . specially tapered for better scrub-up efficacy with more comfort

Anchor Brushes weigh only 1½ oz. . . . grooved handles for firmer gripping . . . crimped bristles for better soap retention . . . designed for efficient use in Anchor's modern brush dispensers.

Anchor Brushes save money for you because of their unusual durability and outstanding performance. They are the most economical on the market today.

Order by the dozen or gross from your hospital supply firm . . . today!

Other outstanding Anchor Products . . .
the new All-Nylon Emesis Basins
All-Nylon Drinking Tumblers
Stainless Steel Surgeon's Brush Dispensers



Sold Only Through Selected Hospital Supply Firms

ANCHOR BRUSH COMPANY
AURORA, ILLINOIS

Write for Complete Information to Exclusive Sales Agent:

THE BARNS-ELY COMPANY
1414-A Merchandise Mart • Chicago 54, Illinois

For more information, use postcard on page 145

Classified Advertising

Classified Advertisement Rates $1.00 per line, minimum charge $3.00. Cash with order. Figure all cap lines (maximum two) 33 letters and spaces per line; upper and lower case 40 per line. Add two lines for box number. Deadline for November issue is September 30.

POSITIONS OPEN

SHAY MEDICAL AGENCY
55 East Washington Street, Suite 1935
Chicago 2, Illinois

EXECUTIVE PERSONNEL: (a) Personnel Director. California. 125 bed hospital. (HM-2303). (b) Credit-Collection Manager. Florida. 50 bed hospital. $400 up. (HM-2357). (c) Cost Accountant. Middle West. Degree in Accounting and experience in cost accounting. 220 bed hospital. To $7200. (HM-1691). (d) Personnel Director. Southwest. 500 bed teaching hospital. (HM-2195). (e) Controller-Business Manager. Middle West. 375 bed hospital. Complete responsibility for all business operations of hospital. To $10,000. (HM-2375). (f) Purchasing Agent. East. 500 bed hospital. Excellent opportunity. (HM-2229). (g) Chief Accountant. Middle West. Require degree with accounting major. 270 bed hospital. $6000 minimum. (HM-2126). (h) Personnel Director. Middle West. 270 bed hospital. 600 employees. $6600. (HM-2346).

PHARMACISTS: (a) Chief. University Medical Center. Require Master degree. $7500. (HM-1910). (b) South. 400 bed hospital in metropolitan community. $5700. (HM-1454). (c) Chief. Middle West. 250 bed hospital, near Chicago. $6000. (HM-1577). (d) Staff. East. 350 bed hospital; some manufacturing. $5700. (HM-1662). (e) Assistant. South. 250 bed hospital in medical center. 2 universities located there. $5400. (HM-1903). (f) Chief. Southwest. 110 bed hospital. Excellent personnel policies. $6600. (HM-2385).

DIRECTOR OF NURSING: (a) Calif. 100 bed hospital, near Los Angeles. Degree plus some supervisory experience. $6600. (HM-2329). (b) East. 200 bed hospital. B.S. degree. 50 to 60 in school. $8000. (HM-1960). (c) Director of Nursing Service. 220 bed hospital affiliated with university. $7500. (HM-1778). (d) South. 325 bed hospital in city of 60,000. $7200. (HM-2281).

NOTE: we can secure for you the position you want in the hospital field, in the locality you prefer. Write for an application — a postcard will do. ALL NEGOTIATIONS STRICTLY CONFIDENTIAL.

IMMEDIATE OPENING for Director of Medical Records Department. 446 bed general hospital. Good salary and personnel policies. Opportunity to work with Professional Activity Study. Write Mr. J. M. Dunlop, Administrator, Bridgeport Hospital, Bridgeport, Connecticut.

ANESTHETIST, R.N.A. for nearly new 114 Bed General Hospital — Hospital Cafeteria, Energetic Medical Staff — Excellent starting salary with time and merit increases — Liberal employee benefit program — or "free lance" basis. Write Administrator — Coffeyville Memorial Hospital, Coffeyville, Kansas.

OPERATING ROOM SUPERVISOR, salary open, 250 bed hospital. Other vacancies for Operating Room R.N.'s, L. P. N.'s and Operating Room Technicians. Vacancies in Central Supply for R.N.'s L. P. N.'s and Aids. Vacancy for male or female nurse anesthetist. Apply Director of Nursing, St. Mary's Hospital, West Palm Beach, Florida.

POSITIONS OPEN

Interstate Medical Personnel Bureau
333 Bulkley Building, Cleveland, Ohio
Miss Elsie Dey, Director

DIRECTOR OF NURSING: To $9,000. (b) Directors, Nursing Education. $7,200.

ASSISTANT ADMINISTRATOR: 300 bed hospital, Pennsylvania. (b) 140 bed Indiana Hospital. (c) 175 bed hospital, Virginia. Accounting experience.

ADMINISTRATOR: 50 bed Indiana hospital. (b) 115 bed hospital, eastern Pennsylvania. (c) 60 bed hospital, West Virginia. (d) R.N. 45 bed hospital, Midwest.

COMPTROLLER: 200 bed hospital, south. (b) 250 bed hospital, mid-west. (c) 200 bed hospital, New York State. (d) Large teaching hospital, Ohio.

EXECUTIVE HOUSEKEEPER: 100 bed hospital, south central state. To organize department. (b) 300 bed hospital, Massachusetts. (c) 200 bed new building, east. (d) 175 bed hospital, Illinois. (f) 400 bed Ohio hospital.

X-RAY TECHNICIAN: (Chief) $400-$450. 175 bed Ohio hospital. (b) Laboratory. To $425. (c) Laboratory X-ray Technician; south. $350-$400. (d) Physiotherapists.

PHARMACISTS: 170 bed hospital, west (b) Chief. 225 bed hospital, mid-west.

DIRECTOR OF NURSING SERVICE: 320 bed general hospital; fully approved, Joint Commission, Interns & Residents, School of Nursing. Prefer not over 45, Protestant, Degree, experience in Nursing Service. Salary potential $4,780.00 to $7,072.00 range, fringe benefits substantial. Apply Superintendent, Bethesda Hospital, Cincinnati 6, Ohio.

SUPERVISOR—OBSTETRICAL: New fully approved JCHA 238 bed general hospital, ideal working and living conditions. Close to Estes Park, Denver, and Cheyenne. College town. Starting salary $345.00 per month, social security, liberal fringe benefits. New low rental residence building on grounds. Apply Personnel Office, Weld County General Hospital, Greeley, Colorado.

WANTED—ADMINISTRATIVE PHYSICIAN—As only medical member of top Planning Board for large Federal Agency, participates in research and planning for a variety of programs including major hospital and medical programs. Full-time, continuing position of high grade with Civil Service benefits. Write to 3372 Stuyvesant Place, N. W., Washington 15, D. C.

NURSE SUPERVISORS (2), general staff nurses (3) immediate opening; 84 bed hospital located in lake resort area only 65 miles from Chicago; 5 day, 40 hour week. Starting salary commensurate with experience and qualifications range to $350.00 for supervisors; for general duty staff nurse to $325.00, with periodic increases. Free meal daily, four uniforms laundered weekly, sick leave to 21 days, vacation time to 21 days. Apply to L. H. Furlong, Administrator, Fairview Hospital, La Porte, Indiana.

Founders of the counseling service to the medical profession, serving medicine with distinction over half a century

Woodward Medical Personnel Bureau,
185 N. Wabash, Chicago 1, Illinois,
RA 6-5682.

POSITIONS OPEN

ADMINISTRATORS: (a) Very lge, genl hsp, affil 3 impor med schls; reorganization prog; report dir to Med dir whose primary functions are professional aspects of hosp operation; will have 2 assistants; outstand'g facility; about $13,000, poss more; E. (b) Med or non-med; new univ hsp lge size; impor univ cntr; to $18,000; warm climate. (c) New hsp, 150 bds to serv clinic staffed by 50 men; tropical island, amer dependency outside U.S.; delightful climate $12-15,000. (d) Two vol, genl, JCAH hsp, 250 bds combined; 100 bd expansion prog soon; Catholic community; very co-operative Board; attractive twn 35,000; MW. (e) 140 bd, genl, vol, JCAH hsp; if exper'd to $10,000; twn 25,000, New England. (f) 140 bd chronic disease & convalescent, JCAH hsp; recently completed $250,000 remodel'g proj; about $10,000, lge univ city, MW. (g) Modern, genl, 60-bd hsp, ready-to-open; about $10,000; NW.
ASSISTANT ADMINISTRATORS: (h) Group of hosps, total'g 700 bds; all fully-apprvd & med schl affil'd; $6,500; univ city, 400,000, S.E. (i) Very lge, genl, fully apprvd hsp; to $10,000; univ city, E. (j) Man or woman; 500 bd. genl. vol, fully apprvd hsp; delightful suburb 15,000, lge univ city, MW.
ADMINISTRATIVE POSTS: (k) Chief Accountant; req's degree; lge, genl, vol, fully apprvd hosp; about $6,000; lge city on Lake Michigan (l) Comptroller; set-up acctng, c & c, & inventory control, 12 hsps; Catholic community; midwest area; to $11,000. (m) Cost analyst, State hosp service plan serv'g 250 hsps; one w/hsp acctng bckgrnd; to $7,500. (n) Asst Purch'g Agent; 1000 bd, fully-apprvd, univ hsp; sal open; indus, cultural & educ cntr; East.

POSITIONS WANTED

ADMINISTRATOR: 1 yr, Coordinator, excl foreign hsp; 4yrs experience as Assoc Director, 800 bd univ hsp & 325 bd, genl hsp; superior trng & exper, all phases of hsp adm, includ'g expansion; MHA deg.
ASSISTANT ADMINISTRATOR: AHA; BA, bus adm; MS, hsp adm; hav'g completed residencies, seeks assist admshp, East or S.E.; age 27.
PATHOLOGIST: 9 yrs, asst & assoc prof, impor med schls & asst & chief, path, their grad hsps; now complet'g Fullbright scholarshp; Dipl, anatomy; immediately available; early 40's.
RADIOLOGIST: Trn'd, rad, univ hsp; also 2 yrs, res, surg; 5 yrs, genl pract before specializing; 10 mos, asst chief, rad, lge hsp & on faculty, med schl; AOA; Dipl, diagnostic, therapeutic, nuclear Med; lge 30's.
BUSINESS MANAGER: 5 years Accountant, 235 bed Ohio hospital. Available.
ASSISTANT ADMINISTRATOR: M.S. Degree; 4 years Assistant director, 275 bed eastern hospital; prefers larger hospital.
COMPTROLLER: 8 years experience, Ohio and mid-western hospitals. Also qualified as purchasing agent. Any locality considered.
DIRECTOR, NURSING SERVICE: M.S. Degree. 8 years 400 bed Ohio hospital. Will consider executive directorship community organization.
EXECUTIVE HOUSEKEEPER: Completed 6 months training, eastern school. 1 year's experience, Assistant, past 2 years executive housekeeper, 300 bed mid-western hospital.
ADMINISTRATOR: MACHA Accounting and administrative courses. 12 years experience, two outstanding hospitals, mid-west.

POSITIONS OPEN

ZINSER PERSONNEL SERVICE
Anne V. Zinser, Director
Suite 1004 — 79 W. Monroe
Chicago 2, Illinois

We have splendid openings for Directors of Nurses, Instructors, Supervisors, Dietitians, Medical Technicians, Staff Nurses. If you are looking for a position, write us.

S'WIPE'S....with Humor

These **S'WIPE'S** boxes have a different Webster Cartoon (New York Herald Tribune) or Bennett Cerf humourous story on each box.

Same price as regular S'WIPE'S
Same fine tissue inside the box
Samples gladly sent on request
Brings a smile where it helps

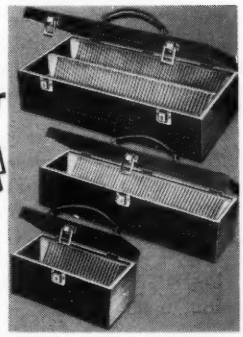
The General Cellulose Co., Inc.
Sunset 9-0010
Garwood *New Jersey*

For 27 years Converters of
Facial Tissue, Creped Wadding
Especially for Hospital Use

Another

THE NEGA-FILE CO. NEGA FILE

first!



for POLAROID LAND CAMERA SLIDE MOUNTS 632

(Photograph)

OUTSTANDING PROTECTION FOR YOUR POLAROID NEGATIVES! Fashioned to fill popular demand, here are 3 NEW Nega-Files into which #632 Slide Mounts fit EASILY, SAFELY, QUICKLY. All have ANGLE-GROOVE CONSTRUCTION for greater slide protection, easier insertion, removal. Each unit portable.

Angle-groove construction

★ **No glass breakage to worry about. Protects against finger prints on negatives.**
★ **Easiest negative-mount assembly ever!**
★ **Lock-corner joints, brass-plated hardware, snap locks, leather handles.**
★ **Well seasoned hardwood, beautiful walnut finish. Finest wood craftsmanship.**
★ **Removable index. Numbered slots.**

P 34-25	(Bottom) Capacity, 25	$ 6.45
P 34-50	(Middle) Capacity, 50	10.75
P 34-100	(Top) Capacity, 100	12.95

Order from your dealer or direct.
Ask **For Nega-File FREE Catalog, Handbook**

NEGA FILE COMPANY • DOYLESTOWN, PA.

POSITIONS OPEN (Cont.)

REGISTERED LABORATORY TECHNICIAN: (Male or Female) Top position open for A.S.C.P. registrant. Write or phone Administrator-Canonsburg General Hospital, Canonsburg, Penna.

POSITIONS WANTED

Interstate Medical Personnel Bureau
333 Bulkley Building, Cleveland, Ohio
Miss Elsie Dey, Director

BUSINESS MANAGER: 5 years, Accountant, 235 bed Ohio hospital. Available.

ASSISTANT ADMINISTRATOR: M. S. Degree; 4 years Assistant Director, 275 bed eastern hospital; prefers larger hospital.

COMPTROLLER: 8 years experience, Ohio and mid-western hospitals. Also qualified as purchasing agent. Any locality considered.

DIRECTOR, NURSING SERVICE: M. S. Degree. 8 years, 400 bed Ohio hospital. Will consider executive directorship community organization.

EXECUTIVE HOUSEKEEPER: Complete 6 months training, eastern school. 1 year's experience, Assistant, past 2 years executive housekeeper, 300 bed mid-western hospital.

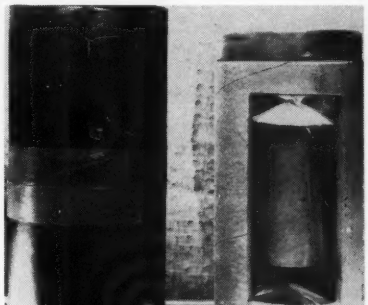
ADMINISTRATOR: MACHA, Accounting and administrative courses. 12 years experience, two outstanding hospitals, mid-west.

MISCELLANEOUS

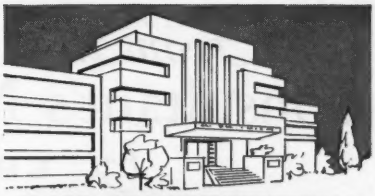
BRONZE AND ALUMINUM PLAQUES. Name Plates and Donors Tablets. For lowest prices, write for free pamphlet. **ARCHITECTURAL BRONZE & ALUMINUM** Corp., 3638 W. Oakton St., Skokie, Ill.

New Shock-Proof Package Enables Airplane to Drop Plasma Accurately without Parachute

■ AN INDUSTRY'S research program to overcome a national defense problem has resulted in the development of a shock-proof airplane



drop case. This package can withstand drops without the use of a parachute. The fibre case is designed especially for dropping plasma, drugs, serums, food, and supplies during wartime emergencies and peacetime disasters.



THIS WING
MADE POSSIBLE THROUGH
THE GENEROSITY OF
MR. & MRS. EDMOND HILSEN
IN HONOR OF THEIR PARENTS
1955

HOSPITAL PLAQUES ATTRACT LARGE DONATIONS...

through permanent and dignified recognition

For most in appeal, least in cost, and best for your hospital — from smallest doorsign to biggest building facade letters in bronze or aluminum — look to United States Bronze. Write for special catalog with fund-raising suggestions.

USB **UNITED STATES BRONZE Sign Co., Inc.** Free design service.

Dept. HM, 101 W. 31st Street, New York 1, N.Y.

7X o-matic HEAVY DUTY *LIQUID* CLEANER for Mechanical Washers

7 *Ways Better!*

1 - Reduces inventory. Can be used for hand and machine washing.
2 - Will not remove markings, nor etch glassware.
3 - Does not leave a residue, rinses quickly, freely.
4 - Is extremely versatile.
5 - Does not contain undissolved particles to plug tiny openings.
6 - Does not require mixing.
7 - Is economical to use.

Dealers Everywhere — Write

LINBRO CHEMICAL CO.
681 DIXWELL AVE.
NEW HAVEN 11, CONN.

From the Consultant's Notebook

by **E. M. Bluestone, M.D.**

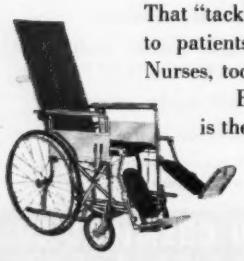
There are, unfortunately, situations in medical life where strongly scientific men are not as strongly literate and others, alas, where strongly literate men are not as strongly scientific.

Be as careful about applying definitions as you are about rules and regulations in your hospital. They have a way of putting you in an administrative strait-jacket if you don't look out.

MISS PHOEBE

NO. 25 IN A SERIES

"You may be an All-American, Nagurski, but you can't out-maneuver an Everest & Jennings chair!"



That "tackle-anything" spirit comes naturally to patients in Everest & Jennings chairs. Nurses, too, like their smooth, effortless handling.

But even dearer to hospital hearts and budgets is the fact that these chairs practically refuse to wear out. In the long run, they cost you less.

Specify **EVEREST & JENNINGS** chairs for your hospital

EVEREST & JENNINGS, INC., 1803 PONTIUS AVE., LOS ANGELES 25, CALIF.

A friend of mine, not quite aware that he was dying of cancer (in his middle fifties) wrote to me, among other things, before his death: "It is paradoxical; were I to die now I will have died a young man, alive I am an old man!" He went on: "How secure is an ageing, ailing, pharmacist in a world where the accent is on youth?" How true!

•

Every hospital executive must exhibit strength as an essential element of his professional success. Any show of weakness may prove fatal. Above all, he must suppress his heartaches. This is one of the obstacles to good administrative pedagogy (and to an understanding of Hospital Administration).

•

There is no such thing as "ideal bed capacity" or "ideal occupancy" in actual practice. The only ideal that we can approximate is to adjust supply to demand almost without notice and move into a position where every need is satisfied and every bed accounted for.

•

Our ageing population has been upsetting our medical care calculations progressively. We had better recall those whom we have heretofore excluded!

•

Besides checking the exuberance of the House Staff the hospital executive should check the exuberance of his public relations officer for best results.

•

There is no mathematical substitute for a functional study of a hospital. The slide-rule belongs in your engineering department.

•

Beware of a middleman in providing medical care.

•

Never superimpose on one community a structural or functional plan which may seem to work in another community of equal dimensions.

•

More privacy for patients, more liberal social service, "rooming-in," Home Care, "family nights," easier visiting privileges, early ambulation, rehabilitation programs—these are wholesome signs of the *individualization of care in hospitals.*

AN APOLOGY TO DR. BLUESTONE

In the August issue of HM on page 124 the first two lines in column 2 do not belong to "The Consultant's Notebook" and Dr. Bluestone was in no way responsible for their inclusion on this page.